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ABSTRACT

The handbook offers information and guidelines for establishing model daycare services for preschool children. Topics examined include: the nature of day care for preschoolers, the developmental patterns of preschool children, administration, budgeting and funding, licensing and other forms of regulation, facilities, parent involvement, curriculum development, model curricula, and curricula for family day care. Also considered are health, psychosocial, and consultation services, nutritional services, staffing, evaluation, exemplary centers, and exemplary networks and systems. Additional references are provided at the end of each chapter. (GW)

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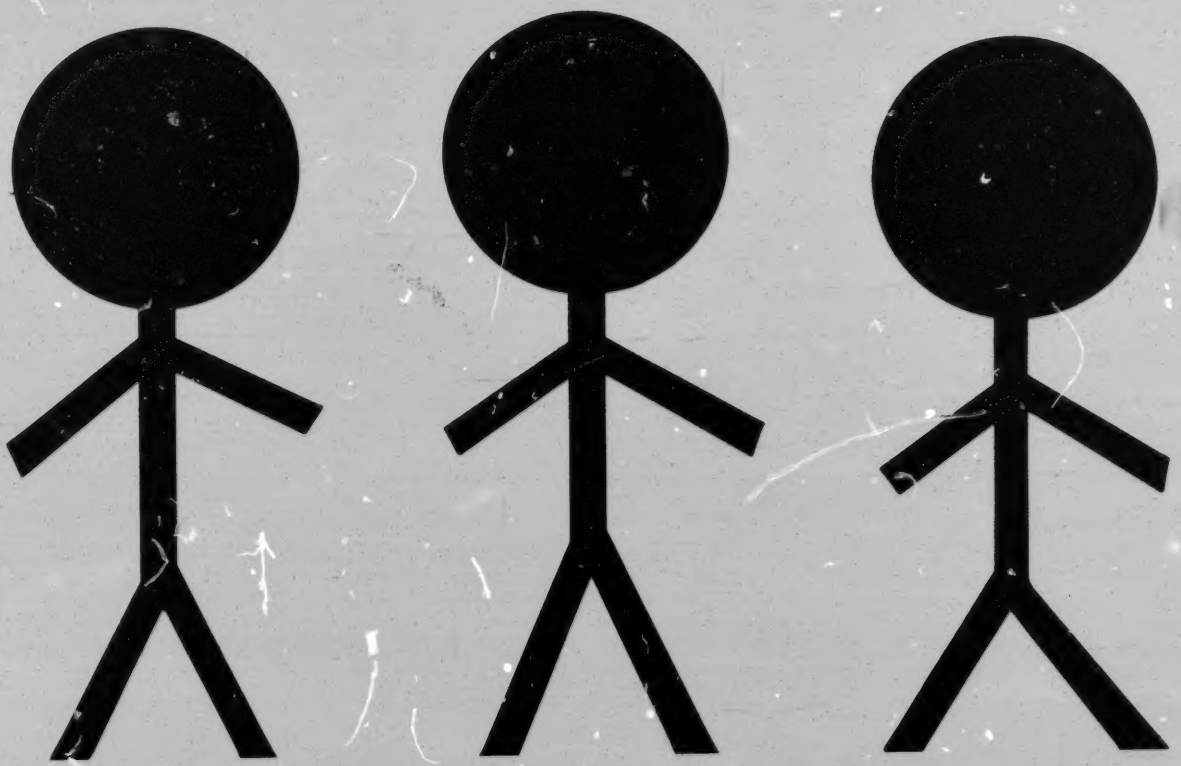

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3 Serving Preschool Children

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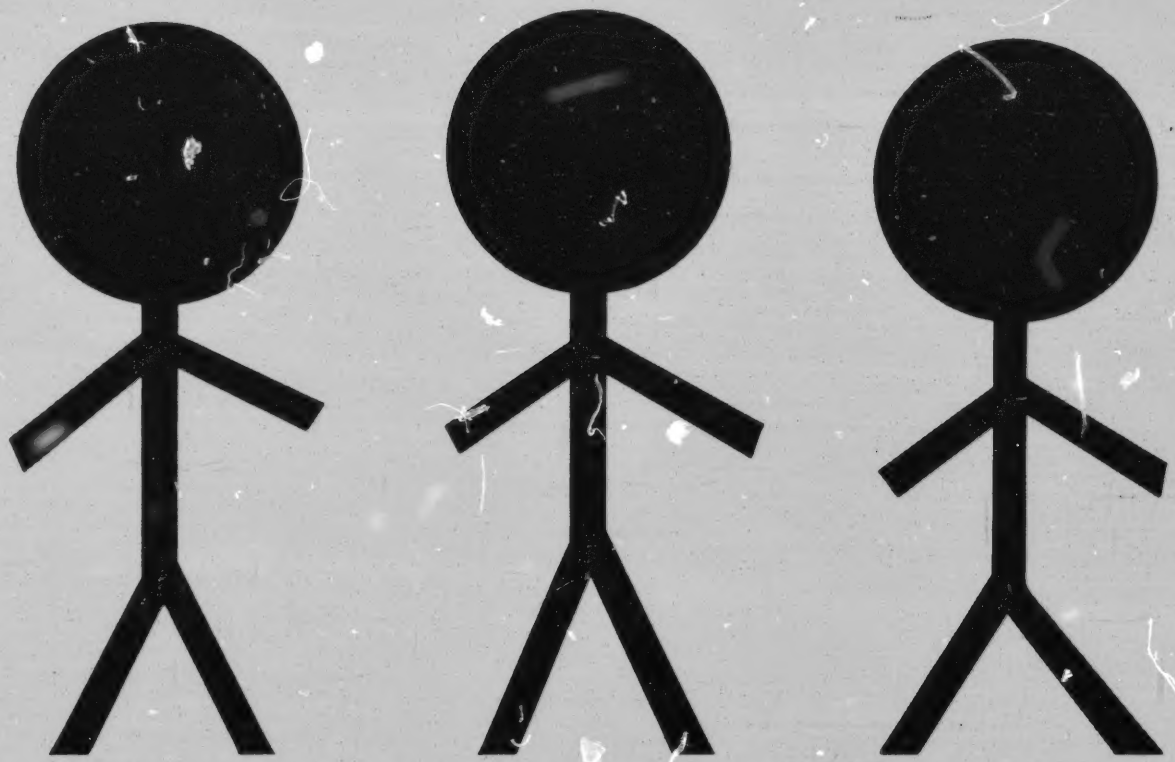

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Day care is a vital national concern deserving thoughtful discussion and understanding. To promote such discussion and to improve the quality of day care in the United States, the Office of Child Development is publishing a series of handbooks which represents the current state of knowledge on all major aspects of day care. In this volume dealing with day care for preschool children, Dr. Donald Cohen and Ms. Ada Brandegee survey a very broad field. They have reviewed and synthesized various viewpoints in a way that is both useful and interesting to professionals, practitioners, parents, and others. This handbook is the result of their experience, thinking, and research and does not necessarily reflect the position of the Office of Child Development, the Office of Human Development or the U.S. Department of Health, Education, and Welfare.

Saul Rosoff,
Acting Director,
Office of Child Development.

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Foreword

Of the many important problems confronting American children and their families, the 1970 White House Conference on Children selected day care as the most serious. It is easy to see why.

Since World War II, there has been a major shift in the work and child-rearing patterns of American families, without a corresponding development of good child care facilities. The American family has gone through a dramatic, though quiet, revolution. The extended family has given way to the nuclear family. Mobility has become characteristic of many. Yet perhaps the most striking change has been that the percentage of women who have preschool and school-age children and who work outside the home has more than doubled—from 20 percent at the end of World War II to almost 50 percent today.

The reasons for this trend are numerous. In many families, both parents must work because of economic necessity. In some, such as one-parent families, the mother is the sole support of the household. In others, both parents work to keep up with an ever-increasing standard of living—to have those things which have come to define the "good life" in America. And in many families, both parents work because of personal, as well as economic, motivation—each seeking to fulfill himself or herself.

Yet no parent wants to purchase self-fufillment or a better standard of living at the expense of his or her children. That's the very real problem facing so many parents today: who is to care for these children, and how? All too often, the children of working parents are not cared for properly, and the working days of too many parents are marred by the gnawing fear that this situation creates. Too many children receive no care at all—the so-called "latch key children." Too many are cared for by siblings who are themselves too young to be responsible for supervising other young children. Many working mothers have found that the only solution is to take their children with them to the places of their employment. According to *Windows on Day Care*, a recent report prepared by the National Council of Jewish Women, too many children are in unstable, inadequate, and in some cases horrible child care settings. This is not to say that excellent day care is unavailable. Unfortunately, there is just too little of it. Custodial day care is often considered adequate day care, though a child is hardly well cared for when only his physical needs are met and his physical safety guarded.

Parents raise children. But when the preschool child is placed in day care for 8 to 10 hours daily, day in and day out, often for several years, the day care setting becomes an adjunct to the family in determining the kind of person that the child will eventually become. A child's interactions with adults in day care—just like his interactions with his own parents—influence his attitudes, values, aspirations, and intellectual development. To say that this responsibility is fulfilled by guaranteeing only his physical needs and safety is as unrealistic as to say that a parent's responsibilities end once the child is given food, clothing, and shelter.

The day care setting must then become what a good home is. There should be concern not only with feeding the child's stomach, but his mind, curiosity, and enthusiasm as well. Day care must never be a setting in which boredom is the rule nor one in which the child's sense of self-worth is destroyed by the indifference with which he is treated. Day care personnel and parents must form true partnerships. Caregivers must be sensitive to the culture and values of each child's family, careful to supplement, rather than supplant, family life. Caregivers and families must work together to create a continuity in the life of the developing child.

All of this might sound difficult, if not impossible, to accomplish, but it isn't. Good day care requires neither saints nor paragons, only ordinary people who have some knowledge about the developing child, a sensitivity to children and their families, and the patience and stamina needed to work with children.

Excellent child care models can be found in

neighborhoods throughout urban and rural America. Thanks to Head Start and other such programs, our knowledge about the development and care of preschool children has increased greatly. What we now need is a way to disseminate this knowledge, and Dr. Cohen has done precisely that in this handbook.

It covers the realities of budgeting, legal requirements, operating procedures, and every other aspect of the day care setting and also provides basic information about the 3- to 6-year-olds it serves. Dr. Cohen's knowledge and training in pediatrics and child psychiatry are evident throughout. In the discussion of the developing child, we are treated to the wisdom of an extremely sensitive developmentalist. And Ms. Brandegee's editing gives the book a straightforward, easy-to-read style, making it useful for both professionals and newcomers to the day care field. The reader senses the genuine concern of both for the individual child and that child's family. It is exactly this type of concern that will help America solve its number one child care problem, day care. I am sure this manual will be a milestone on the way toward that accomplishment.

Edward Zigler,
Professor of Psychology,
Yale University,
Formerly Director of the Office of Child Development and Chief of the Children's Bureau.

Preface and Acknowledgments

The focus of this handbook is day care for children aged 3 to 6 years. An appropriate subtitle might be "Caring for children, collaborating with families, and creating a viable community institution." What I have attempted is to provide a broad overview of the day care field, a basic state-of-the-art guidebook for those seriously concerned about preschool day care. The goal has been to provide a starting place for general discussion, a synthesis of available knowledge and experience, a basis for further study, and, above all, some practical information for those actively involved in day care.

Many of the subjects we discuss are treated in greater detail in other sources, particularly in the series on day care published by the Office of Child Development, of which this is one volume. In the preparation of this work, hundreds of recent articles, reports, research studies, books, and monographs, both published and unpublished, were reviewed. Many of these are noted in the text and in the references at the end of each chapter.

Source material, reviews, and manuscript corrections for the descriptions of exemplary programs used in chapters 15 and 16 were contributed by the following individuals: Muriel Tuteur, Chicago, Amalgamated Child Day Care and Health Center; Dr. Jon Fielding, Atlanta Job Corps, Child Development Center; Elaine Valverde, Ute Indian Tribe Full Day Head Start Center; Ann Heiman, Greeley Parent-Child Center; Joseph Perreault, Kentucky Youth Research Center; Susan Thompson, Berkeley Unified School District; June Sale, Pasadena Community Family Day Care Project; Marceleete H. Womack, Houston Neighborhood Centers—Day Care Association; Dr. Docia Zavitkovsky, Santa Monica Unified School District Children's Centers; and Dr. Elizabeth Prescott, Pacific Oaks College, for the evaluation of the Santa Monica day care program.

The source material and reviews for the texts of specific chapters were contributed by the following: Mary Egan, nutrition; Edna Hughes, licensing and regulation; Dr. Jenny Klein, curriculum; Ms. Gwen Morgan, licensing and regulation; Dr. Sally Ryan, evaluation.

The ideas and viewpoints presented in this handbook reflect many discussions with current and former staff members from the Office of Child Development, U.S. Department of Health, Education, and Welfare.

The School of Medicine, Child Study Center, and Departments of Pediatrics and Psychiatry at Yale University provided support and opportunity for work on this book. I am particularly grateful for the advice and support of Dr. Albert J. Solnit, Sterling Professor of Pediatrics and Psychiatry, and Director of the Yale Child Study Center. And I offer sincere thanks to Margrethe Cone, my secretary at Yale. Dr. Phyllis Cohen and Mr. Lawrence Burger reviewed the entire manuscript.

In addition, Dr. Julius Richmond, the first director of Project Head Start and now Professor of Child Psychiatry and Human Development, Harvard Medical School, was an important guide in understanding services for children and families and in relating medical competence to social concern.

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Chapter 1

Day Care: Serving Preschool Children

As a society, we believe that all children deserve care that encourages their social, emotional, physical, and intellectual growth. Our nation has a long history of commitment to children and the institutions that serve their growth. We have established public education, promoted medical services, and created many other resources for children. But we have always recognized that parents are the primary influence on the development of their children and have the fundamental right to guide their children's experiences.

Today, American life places increasing pressures on parents and families. More and more American parents are unable to care for their preschool children all day, 7 days a week. There are growing numbers of single-parent families and families in which both parents work outside the home. Other parents, present during the day, either lack needed resources or face problems that affect the quality of the care they give their children. In the past, these families might have turned to trusted relatives or to lifelong friends and neighbors. Now, however, increased mobility and the disruption of the extended family have eliminated these alternatives for most Americans.

In recent years, day care has emerged as a natural response to these and other changes in American family life; it has become a valuable and often vital resource for a broad range of American families.

Types of Child Care Arrangements

There are different types of child care programs besides day care. And there are different types of day care ranging from makeshift babysitting by an older child to comprehensive programs designed to meet broad community needs. These different child care arrangements must be distinguished in order to understand what we mean by quality day care.

Custodial Day Care

Custodial day care amounts to babysitting, either for individual children or groups. Only the immediate needs of the child are considered: health and safety, something to eat, and some sort of activity to pass the time. There is no planning to meet developmental needs, either immediate or long range. There is no attempt to plan for the child's need for personal, responsive human relationships; for intellectual stimulation; for health or nutrition beyond immediate needs; or for parent involvement in the care being provided.

Nursery Schools

Nursery schools are educational programs available only part time—usually half a day, from 2 to 5 days a week. They do not attempt to provide comprehensive care as a service to absent parents. They concentrate on the child's social, emotional, and cognitive development, with the assumption that the parents will be able to provide for his health, nutrition, and all other needs. A nursery school is not developmental day care, but developmental day care includes the essential elements of a nursery school.

Developmental Day Care

Developmental day care, which is also called *quality day care*, provides security and warmth, together with a range of developmental opportunities that parents normally provide when they have the necessary time and resources. These opportunities include the chance to be with other children; individual attention to each child's strengths and needs; and activities designed to promote physical, social, emotional, and intellectual development. To insure that these opportunities are provided, quality day care employs trained caregivers; follows a carefully planned curriculum; uses the services of consultants in health, education, nutrition, and other fields; and encourages parent interest and involvement in all aspects of the program.

Two other forms of child care which are sometimes confused with quality day care are comprehensive child development programs and compensatory education.

Comprehensive Child Development Programs

Comprehensive child development programs provide many varied curricular activities, services, and opportunities to children and their families. Their purpose is to support family life in the broadest sense and to facilitate the development of the children in the family. A comprehensive child development program may include quality day care for those who need and want it. In addition, it may include such services as family counseling, genetic counseling, health and nutritional services, home visiting programs, programs for adolescent mothers, vocational training for parents, homemaker services, and other programs designed to meet the needs of the families who take part.

Compensatory Education

Compensatory education, by definition, is a special program for children with special needs. The term, "compensatory," does not necessarily imply a deficiency in the child or his background; needs regarded as special may be only the result of a cultural or economic *difference* from the surrounding community. The essential idea of compensatory education is that it should make up for some special disadvantage, providing disadvantaged children with the basic attitudes and skills most other children acquire naturally during the preschool years. Although compensatory education may be offered as part of quality day care, the two are not the same. Day care is care of the whole child, in all his aspects. Compensatory education has certain clearly defined goals and objectives chosen to prepare the child for what society will expect of him. (Compensatory education is discussed at greater length in ch. 8.)

The Function of Day Care

Quality day care has three major functions: it serves as an extension of the family; it aids children's development; and it is a way for society to intervene constructively when families and children need help.

Day Care as an Extension of the Family

Quality day care provides the positive experiences that most families try to give their children. It extends and supplements the parents' care in a way consistent with the values and goals of the child's family and culture. Quality day care strengthens the child's basic attachment to his parents and sustains them as the major force in his personal development.

Day care programs are more successful when parents are deeply involved in them. In fact, parent involvement is vital for a quality program. A full-day program with no involvement of the parents can actually tend to separate some families by subjecting the children to a second, conflicting set of rules, values, and expectations.

For many parents and probably for most programs, parent involvement in day care might better be seen as a right than an obligation. Whatever is expected of parents in the program must be sensibly weighed against the other demands on their time and energy. However, when a day care program is open to parent involvement in a free and easy manner and when parents are invited to participate as much as they are able, even overworked mothers and fathers are often eager to share in the work and responsibility of starting and operating a day care program. When they do, not only their own children but the entire program will benefit.

In many communities, day care as an extension of the family will encounter problems of ethnic relevance. Children achieve dignity and self-respect with the help of positive images of themselves, their parents, and their communities. To ignore or slight a child's background is to defeat the basic goals of the program by damaging his self-image; impeding his social development; weakening the family; and encouraging division between the child, his ethnic group, and the rest of society. A mixture of ethnic backgrounds in one group requires careful planning to encourage each child to retain pride in his own culture, display it to other children, accept and appreciate their differences from him, and yet remain a member of the group.

Day Care as an Aid to Child Development

The years from 3 to 6 are an optimal period for mastering certain developmental tasks. Preschool developmental day care presents many opportunities to help a child master such tasks as:

- developing a sense of self and a sense of autonomy
- developing a healthy personal identity
- developing concepts of morals and personal rights
- dealing with certain psychological impulses and with guilt, anxiety, and shame
- learning how to get along with others
- mastering language and using it to produce desired results

- learning more about the symbols and concepts of culture (for example, numbers and letters, drawing "realistically")
- acquiring concepts of space, time, and objects.

For an extended discussion of the development of 3- to 6-year-old children, see chapter 2.

Day Care as Intervention

Anna Freud commented that "any child's normal development is based on the fulfillment not of a single need but of a whole series and hierarchy of needs, stemming from all sides of his personality. * * * A normal and happy family can, with luck, fulfill all these conditions, but most families fail to do so for one reason or another."[1] She goes on to say that no institution can fully meet all the child's requirements, but that families in trouble can find the help they need by taking elements from a variety of institutions, including family care, foster care, residential care, and day care. "Even destitute families would function better if day care came to their permanent help, and if residential care could be asked for in short-term emergencies."[2] Day care, then, can function as one component of a system of supports to the family, together with such components as social service programs, health programs, and programs to increase employment.

The intervention function of day care is particularly important for three groups of children: children who are vulnerable, those who are handicapped or disabled, and those from families who live in poverty.

Vulnerable children are those whose development is at risk. Through special circumstances of birth, physical endowment, or difficult life experiences, some children are particularly unable to measure up to developmental tasks and problems. They have special needs for the continuity of care, stimulation, affection, stability, and thoughtfulness of a quality day care program.

Handicapped or disabled children include those who suffer from such afflictions as severe mental retardation, physical handicaps, or a childhood psychosis. The care of these children can be too much for even the most affluent family. Parents who must care for such a child 24 hours a day, 7 days a week, will be overloaded with responsibility. It will be a strain for the whole family, and the child's development will suffer. Day care can relieve such parents of a portion of their caregiving burden.

Children from families in poverty are the third and by far the largest group for whom intervention may be important. Not all poor families need day care, but many of their children lack the healthy and developmentally sound environment that day care can provide.

A quality day care program can identify the children of a community and assess their needs, can help make services available to them, and can involve the parents and help to strengthen the family. But there are limits to what even the best program can accomplish. Day care can be only one of many important influences. The child lives in the context of a family and a community, and what happens to him in those spheres will in the long run be more important than what happens in day care. What day care can accomplish is to help the child's developmental progress and to help him and his family find ways to cope with the circumstances of their lives.

Dangers of Day Care

Any responsible person involved in day care must recognize the danger that it may hold for children and families. Enthusiasm for the many potential benefits should be tempered by the realization that day care can be a source of harm, and that a good program requires a commitment to constant thoughtfulness and careful monitoring.

The most obvious danger is that the child may be neglected, abused physically or emotionally, or exposed to unsafe or unhealthy conditions. But there are also more subtle possibilities for damage. Some unusually sensitive or immature children have difficulty separating from their parents; some have trouble accommodating to group activities and noise; and some with developmental difficulties may find it even harder to progress in the relatively hurried, tense atmosphere of many day care programs. Other conditions may also put stress on any child: subjection to a routine; exposure to other, more aggressive children; exposure to different backgrounds and different languages; and perhaps the most difficult, the breaks in continuity that occur more or less frequently when caregivers change. Children may thus have to deal with a series of emotional attachments and separations.

[1] Anna Freud, *The Writings of Anna Freud, Vol. 5, Research at the Hampstead Child Therapy Clinic and Other Papers*. (New York: International Universities Press, 1969), p. 80.

[2] Ibid., p. 81.

They may withhold their emotions and become suspicious of adults, or they may learn to make only superficial attachments.

Day Care Settings

The setting of a program—its size and degree of organization and formality, as well as the physical surroundings—has an effect on the type of care provided. Four different types of settings are usually distinguished.

- In-home day care is care for the children of one family by someone who is not a family member, in either the children's home or the caregiver's home. (The caregiver's children may also be included.)
- Family day care is provided in the caregiver's home for the children of more than one family. The number of children is usually limited to six, including those of the caregiver. The home is rarely extensively altered.
- Family group day care is provided in the caregiver's home for 7 to 12 children, including those of the caregiver. More than one caregiver is involved, and the home usually requires alterations such as additional rooms, bathrooms, exits, etc.
- Center-based day care is for 13 or more children in a building which is usually not a home. The day care center has a staff of two or more.

Of the four, day care centers serve approximately 10 percent of the children in day care; in-home care and family care each serve 40 to 50 percent; and family group care serves a relatively small number.

In-Home Day Care

In-home day care is the simplest and most convenient for the parents. It is also most natural for the children, since all the children of one family can stay together, often in their accustomed surroundings. The caregiver may be a relative or family friend with whom the children are familiar and who may also do housework or cook for the family. All arrangements are centered on the needs of the children of one family. However, in-home care also has disadvantages. It is difficult or impossible to provide in one home all the services that could be provided in a center; the children have less opportunity for socializing and group interaction; and play space, materials, and equipment may be very limited. Since few trained people are willing to work in a single home, the caregiver likely sees himself or herself more as household help than as a child care professional. In-home care is not licensed, and it is more difficult to monitor the quality of care given in one home than in a larger, more organized setting.

Family Day Care

Family day care also has the advantage of keeping the children of each family together. The setting is a private home, which is a more natural setting for younger children than a center, yet it is possible to get trained workers to operate a family care program. The setting is particularly good for handicapped children who may need a very close relationship with the caregiver, extending over several years, without interruption. Children who are sick (but not seriously ill) can still be accommodated in a family care program. Hours and other procedural arrangements are not as flexible as in-home care but can be far more flexible than those of a day care center. On the other hand, family day care requires an adequate facility and the homes of those who are prepared to offer care may not meet the requirements. It is usually necessary to redecorate and rearrange, and for family group day care it is often necessary to add more rooms to the house. Even then, play space is likely to be more restricted than in a day care center. The quality of the care can be monitored more easily than that of in-home care, since family day care programs can be licensed more easily, and the arrangement is more professional than that for in-home care.

Family Group Day Care

Family group day care is offered in a homelike setting and shares many advantages of family care. While it is less flexible and informal than family day care, it may be more flexible than center-based care.

Center-Based Day Care

Center-based day care is provided in facilities devoted to, and sometimes designed for, the care of young children. The setting can be planned entirely for the needs of the program, rather than having to double for family living. In particular, it is easier in a center to plan a schoollike setting for the educational component of the program. It is easier to find highly trained personnel to work in centers, easier and more economical to use the services of specialists such as physicians, psychologists, and social workers. The relatively formal character of the day care center makes it easier to involve parents in planning, organization, and volunteer work of all sorts. But center-based day care also has drawbacks. Since it

does not resemble a home environment, transition may be difficult for young children. The number of people involved requires a relatively high degree of organization, and the rules and procedures usually needed for efficiency can make center-based care the least flexible type of day care.

This handbook focuses on family day care and center-based care. Relatively little is known about in-home care—statistically important as it is—or about family group care. For most practical purposes, a family group setting is closely similar to a small day care center and most of the same considerations apply, while in-home care is closely similar to family day care.

When parents can choose among the different types of day care settings, their choice should depend on the developmental levels and needs of the individual child. As a loose generalization, center-based care tends to offer a better-trained staff, more interaction among children the same age, a more structured curriculum, and a bigger and better selection of space and equipment. Family care, on the other hand, usually has the advantages of more cross-age contact; a warmer, more natural style of caregiving; a closer, less formal relationship with the child's family; and a more flexible schedule, which can be important for young children who spend long hours in day care. On the whole, family day care might well be recommended for younger, less mature children, while more advanced children will be better able to take advantage of the learning opportunities in a day care center.

A Day Care Network or System

A day care network or system is not a different setting but a systematic combination of programs in various settings under a central administration. A system makes it possible to minimize the disadvantages and maximize the advantages of the different types of settings. In one system, the intimacy and flexibility of the family setting can be combined with the resources and capabilities of the large day care center, and the center can become a focal point from which services are extended to all the other settings. Central administration makes it possible to provide professional consultation and other resources to the community's day care programs; counseling and consultation to families; expert curriculum planning; professional training for day care staff; a pool of substitute workers; a communitywide screening system; and the economies of mass purchasing of supplies, food, and equipment.

Such a system allows families to choose family care if they wish, without having to sacrifice the benefits of trained personnel, curriculum, and special consultation available at a center. They have the option of starting a child in a small family setting and advancing him to a center when he is ready. Children in an in-home or family setting could be taken to another setting for short periods, perhaps a few times a week, as a gradual introduction to a more formal program. Children and parents alike could use the center for such services as consultations and counseling. The system, in short, makes it possible to combine the advantages of all types of day care.

Starting Day Care Programs

When a community lacks developmental day care, those who want to create a program often tend to think first of a day care center. Most of the day care literature focuses on centers, and a center may seem the most natural form because of the models provided by the public schools and by programs, such as Head Start, which have emphasized center-based activities.

However, family day care has important advantages for an organized community effort. Frequently, the greater part of the job can be done by locating and organizing the family day care programs that already exist, rather than by a massive campaign to set up a big new program. In addition to the real advantages of a family setting, the difficulties and delays involved in organizing, equipping, and staffing a center should commend family day care as an attractive way for a community to acquire the elements of day care service.

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American Library Association
Children's Service Division
50 East Huron Street
Chicago, Ill. 60611

Association for Childhood Education International
3615 Wisconsin Avenue, NW.
Washington D.C. 20016

Bank Street College of Education
69 Bank Street
New York, N.Y. 10014

Black Child Development Institute
1028 Connecticut Avenue, NW.
Washington, D.C. 20036

Child Study Association of America
9 East 89th Street
New York, N.Y. 10028

Child Welfare League of America
67 Irving Place
New York, N.Y. 10003

Consortium on Early Childbearing and Childrearing
Suite 618
1145 19th Street, NW.
Washington, D.C. 20036

Day Care and Child Development Council of America
Suite 1100
1401 K Street, NW.
Washington, D.C. 20005

Educational Resources Information Center (ERIC)
Clearinghouse on Early Childhood Education
805 West Pennsylvania Avenue
University of Illinois
Urbana, Ill. 61801

ERIC Document Reproduction Service
The National Cash Register Co.
4931 Fairmont Avenue
Bethesda, Md. 20014

Family Service Association of America
44 East 23d Street
New York, N.Y. 10010

Government Printing Office
Washington, D.C. 20402
(Many documents published by various Government agencies and departments can be obtained directly from the GPO.)

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue, NW.
Washington, D.C. 20009

National Federation of Settlements and Neighborhood Centers
232 Madison Avenue
New York, N.Y. 10016

Office of Child Development
U.S. Department of Health, Education, and Welfare
Box 1182
Washington, D.C. 20013

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Chapter 2

Development of the Preschool Child

Most parents provide a child with extraordinary opportunities for learning and growth. Through their daily care and concern, they know how to respond to their child in most any situation: they know when to step in to provide him or her with encouragement or protection; when to stay at a distance and allow their child to test her capacities and to develop new skills; when to shield him from something sad or worrisome and when to give him the chance to deal with new anxieties.

Most parents know much that would be hard for them to put into words. From a slight hesitancy or sideward glance they know their child is frightened. From a brightness in her eyes they know that she is eager for something. From a faint holding back and lack of pep invisible to anyone else, they suspect that their little boy will soon have a fever.

A child's parents are his best teachers. Just by talking with their child, explaining things, and doing things while he watches, parents can instruct their child about uncountable objects, duties, and social expectations. By observing his parents, the child learns a style of speech, a way of solving problems, and a sense of knowing what to do when there's nothing much to do. As his parents perform all the routines of daily living—as they figure out bills, cook, dial the phone, read the paper, write notes, count change, and handle crises—the child will watch and will learn to imitate their actions and attitudes.

The kinds of things that go on between most parents and their 3- to 6-year-old children are not usually detailed in child psychology books. Scientists generally study in laboratories, not homes. They know more about how children deal with pleasant strangers who test them than about how children love, fear, or adore their parents, brothers, and sisters and how they interact with their different family members. Yet how the child acts at home and what he needs from home are central to our thinking about quality day care. In planning and delivering day care, we should ask: is the child in this day care setting receiving the kind of love, care, attention, stimulation, and example that is available in a healthy home?

The home provides a model of developmental care that is not in the least mysterious. Here, development takes place gradually. Most mothers and fathers can tell when their child is doing well and when he has a problem. In the same way, anyone who consistently cares for a child can tell when things are going well for him. There is a natural continuity between what a child requires at home and in day care, and between what lets us know things are going well or badly in either setting. Formal considerations about standards necessary for day care should not cloud the fact that *quality day care means caring for a child.*

While it is relatively easy to decide which kinds of experiences are necessary in day care to best stimulate development in a child, it is difficult to provide these experiences. What most parents do by instinct and out of their sense of responsibility may not emerge naturally in a day care situation. A mother caring for her own child can rely on intuition and learned good judgments; a caregiver working with several children needs greater planning and procedures. Day care planners must always be aware of the child's needs, of the caregiver's capacity to meet those needs, and of the kinds of supports, resources, and structures that both the child and the caregiver require.

The study of day care must begin with the children to be served. This chapter will introduce these children, who can change as much in 3 years as adults do in 3 decades. Our major concern is to portray how children develop "when things go well"—a phrase that we use often—and how day care can support both the child and his family when there are problems in the child's development.

We have two basic assumptions. The first is our belief that in most essential ways, children are very much more alike than they are different.

In thinking about development, important differences in culture, life style, and communal needs and wishes must not be obscured; however, we believe it is even more important to remember that there is a natural biological and evolutionary similarity in children's bodies and minds—a similarity in their drives, feelings, wishes, and ideas that cuts across social, ethnic, racial, and sexual distinctions.

Our second underlying assumption is that each child is also a unique and precious individual. Each child has a specific endowment, as well as his own history and experiences, all of which allow children to differ in their sensitivities and their ways of understanding, reacting, and coping.

This chapter outlines the implications of these two assumptions for day care and indicates how day care can respect the needs of all children for certain kinds of care while being able to meet each child's individual needs.

Preconditions of Development

No one can force a child to develop and move toward maturity. The way we talk about development indicates this; we say that a certain kind of care facilitates, or supports, or enhances, or encourages development. There are, however, many necessary *preconditions* for a healthy development to be possible. Some of these have to be met even before the child is born. Some deal with factors that affect the child's physical growth; others relate to his mental and emotional well-being. For a child to have the chance of developing to his fullest potential, these preconditions must be met.

Healthy Genetic Endowment

Everyone appreciates the importance of a child's natural endowment, which can set limits on what the child can achieve even with the best opportunities. Though all parents would like to endow their children with the most positive abilities and characteristics, some families have a history of conditions which could pass serious mental or physical problems onto their children. For such families, the medical science of genetics can provide counseling and testing during pregnancy. Through genetic counseling, couples can be advised about their chances for having a healthy baby. After a child is conceived, tests on samples of the amniotic fluid that surrounds the fetus can detect any of over 100 problem conditions present in the unborn child. The use of both these relatively recent medical services can help lower the frequency of genetic disease.

Prenatal Care

Even before a woman conceives, she should be medically well, adequately nourished, physically mature, and psychologically prepared to have a child. To help insure the healthy development of her unborn child, the mother must eat properly and should receive medical attention aimed at preventing anemia, infections, high blood pressure, and excessive weight gain. She should eliminate heavy smoking and exposure to unnecessary medication and X-rays, and she should try to control any other factors that could seriously affect the fetus.

One of the major goals of prenatal care is to maintain pregnancy to full term. Prematurity is one of the main causes of infant mortality during the first days of life, yet it is often preventable through early medical care. Unfortunately, prematurity most often occurs among poverty-level families who cannot afford the special medical care, attention, and nutrition the infant needs during his first months.

Although pregnancy, labor, and delivery are far less dangerous for both mother and child today than several decades ago, medical advances cannot fully benefit a woman who comes for them late in pregnancy. Nor can obstetric care completely remove the potential dangers which arise when a woman has too many babies too closely spaced, when she conceives at too young or too old an age, when she has been exposed to infections during her pregnancy, or when she suffers from excessive strain and tension at this time. By the time of delivery or even during the last months of pregnancy, it may be too late to prevent the harm done by the use of over-the-counter or unsafe-during-pregnancy medications, or the lack of adequate genetic counseling which led to the conception of a child with high genetic risk.

Physical Care, Love, and Attention

Another essential precondition to development is the physical well-being of each child. Physical care includes adequate nutrition, immunizations, regular pediatric checkups in addition to medical attention for illnesses, and regular dental care. It also involves preventing exposure to such dangers as lead paint and avoiding serious accidents.

In the process of receiving such continuous, attentive care during the first months of life, a

child also receives affection, intellectual stimulation, and the opportunity to form secure social attachments—all essential for further development. Children need attention, yet the kind of attention they receive is most important. When adult reactions are active and responsive to the child's own behavior, the child learns about the value of his own actions and about the responses he can expect from other people. Such experiences, repeated with people who love him, help the child gain a sense of identity and develop as a social being.

The child must also have the opportunity to learn about limits and structure: to know what responses he can reasonably expect from adults, what standards he is expected to uphold, and what consequences he can predict for both his acceptable and unacceptable behavior. At the same time, he needs flexibility and diversity to stimulate his curiosity. As the child matures, limits and rules have to change, and new and more complex expectations have to be introduced. An individual balance between the child's need for variety and stimulation and his need for stability and predictability will encourage healthy intellectual and social development.

Models

As children move from infancy into the preschool years, they begin to identify with and to imitate the actions and attitudes of adults important to them. These adults, whether they are aware of it or not, serve as models for the child. For a child to develop socially acceptable behavior, he needs the presence of respected adults who themselves act in accepted ways and who will reward the child for behavior that they feel is good and worthwhile.

All these factors are only preconditions for development. Their fulfillment cannot guarantee intelligence nor any other quality or ability. When these preconditions are not met, the effects on the child's development are often painfully clear by the age of 3. Unfortunately, by this age, they may not be completely reversible.

There is no single, critical period of development. Each day of a child's life is important. For development to proceed normally, these preconditions continue to be important throughout childhood. When the conditions for development are met, most children are able to move to maturity through successive stages of understanding and behavior.

Major Aspects of Development

There have been many attempts to define development: some definitions stress the increasing complexity of a child's behavior and feelings as he grows older; others focus on the ways children become more realistic about the world; others emphasize the child's widening social horizons; still others are concerned with the acquisition of intellectual abilities such as solving problems, using abstract symbols, and learning a large vocabulary. While we need not be overly concerned with theory, it is useful to understand the major aspects of a child's development from ages 3 to 6—the changes that take place in his ability to use language; his sense of identity, competence, and morality; his learning and cognitive abilities; and his general social and emotional functioning.

Growth in each of these areas tends to proceed together. Functioning in one area cannot really be understood without considering the functioning of each of the others. Thus, poor language development may be linked to a child's feeling of incompetence and to his inability to function socially; while a healthy social and emotional development will likely be a positive influence on a child's ability to learn.

Language

There are dramatic differences in the language of the 3-year-old, the 4- or 5-year-old, and the 6-year-old child. The 3-year-old is like a student mastering a musical instrument—while there may be moments of musical excellence, more often the instrument, rather than the musician, is in control. In a child of this age, such variability and continuing experimentation with language can be charming. If the child can't remember the words of a song, any words will do if they sound right. The feeling is the message. "Old MacDonald had a farm, Eh, I, I, I, you. And on farm, Ey, I, I, I, oh had a horse. Ho-ho-ho—cow and horse."

The 4- or 5-year-old still invents new words, such as "to screwdriver" a screw or "to bow" a shoe. A confusing situation can be "calamacious"; an unpleasant child can be "fugzy." Favorite words can be great fun to pronounce, and language can be a never-ending game.

By contrast, the 6-year-old is a master speaker. He may search for the correct word or not understand many that he hears, but he no longer plays with words nor invents them so readily.

Using language is, of course, central to any form of intellectual growth. Most important in shaping a child's use of language is what he hears, and how he is responded to, in his home. Different families respond differently to children's comments. In some families, conversation between parents and children is spontaneous and natural, while in others this kind of verbal attention to children is more difficult to achieve or is less highly valued.

Yet it is outside the home where a child's language ability is really tested. There has been much discussion about the richness, adequacy, utility, and grammatical structure of the language of different social classes and ethnic groups. Certainly, nonstandard English should not be considered deficient. Children in Northern ghettos, for example, can express the most complicated thoughts and the broadest range of feelings using nonstandard "black" English. Their vocabulary is well-adapted to their environment with words and expressions which capture the tone of their daily experiences. The issue about linguistic inferiority is not raised in relation to children whose native language is not English. Rather, there is a general concern felt by parents and educators about appropriate ways of introducing these children to English while preserving the child's ability to use and value his first language.

The major concern in either case should be what type of language competence does the child need to be able to succeed in terms of his parents' expectations and his own. For the great majority of children, this question comes down to what degree of language competence they need in order to succeed in schools which require fluent use of standard English.

Day care can offer children the opportunity of speaking freely and being spoken to, and of feeling a sense of competence in language. Generally, parents with a non-English or nonstandard-English background very much want their children to learn standard English. But this must be approached gradually, after the child feels respected for what he is and after he has had the opportunity of expressing himself in his own language or language style.

Identity

A child's self-concept has roots in his earliest experiences. The sense of who he is, what he wishes to do, and what is expected of him emerges from daily encounters with parents, neighbors, and friends. During the preschool years, the child begins to collect these raw materials for the ultimate shaping of his mature identity.

There are many facets of identity. In the preschool and early school-age years these partial identities have not yet developed into a coherent personal sense of wholeness. It is only during adolescence that the individual may begin to ask of himself, "These are the various things people have told me about myself; this is what they have expected me to be and do; here is the way I thought I had to act. But who am I really, and what do I want to become?"

Physical Identity. Knowledge of how the body looks and works is not innate. The child acquires a sense of physical identity by using his body; he learns how his body looks and works, what his body needs, the position and function of different parts and their associated feelings. Through bumps, bruises, scratches, and caresses, by grasping, falling, eating, touching, and being touched—through every type of stimulus the infant and young child receives, he develops a sense of physical individuality.

Parents also help the child learn how his body works—by feeding him when he is hungry, keeping him warm and his diapers dry, and thus teaching him to recognize his own needs. They help to focus the child's attention on his inner body. Through toilet training, for example, the child learns how to cope with and control urges and feelings that occur within himself.

During the preschool years, four important aspects of physical identity emerge: the sense of size, strength, gender, and race or racial awareness.

No child can ignore being smaller than his parents or being unable to reach a high shelf or see above a counter. Yet children generally do not feel small. When the child's experiences have been good—when he hasn't been repeatedly hospitalized, severely humiliated, or physically abused—he may see himself as a person who is physically big. His sense of physical stature is reinforced when people pay "big" attention to him and when he is capable of doing "big" things by himself. Similarly, when things have gone well, the child feels strong—even though at times he must ask for help when doing something that requires an adult's strength.

In developing a sense of physical identity, the child brings together his various experiences: being smaller and weaker than adults, being

responded to in different ways by adults and peers, feeling a sense of accomplishment in difficult tasks. Ask a preschooler who feels good about himself to draw a picture of a child and his father; the child may equal the father's size or be only slightly smaller, out of courtesy.

The child's perception of gender is another important aspect of physical identity. Although many of the stereotyped social roles determined by sexual identity are in the process of change in our culture, the basic physical differences between males and females are unchanging. By age 3, a child clearly knows that he or she is a boy or a girl. Children at this age can quickly identify themselves in photos, can point out children that resemble them, and know that they are more like either their mother or father. Once perceived, the child's sense of his or her sexual identity becomes, with rare exceptions, permanent.

Awareness of social expectations, both implicit and explicit, develops along with the child's sexual identification. Are boys more active, aggressive, and rough because of society's demands? Are girls more thoughtful, obedient, and gentle because these qualities are essential to their assigned social role? This certainly seems, at least in large part, to be true. It will take years to determine the impact of changing social conditions—particularly the questioning of sexual stereotypes—on children's emerging gender identities. We still do not really understand the various biological and social causes of behavior patterns that are typical of one sex or the other. Meanwhile, children will continue to learn from both the mirror and the people in their lives that they are either boys or girls. This knowledge will help set some enduring patterns of expectations and behavior which affect not only the child's own self-concept but what he or she expects of the opposite sex as well.

Racial identity is somewhat similar to gender identity. The 4-year-old child knows that his skin is black, brown, white, yellow, or red; that he resembles one group of people more than another; and that he looks similar to, or different from, other children. At this age, children are curious in a healthy, open way about the differences in appearance between individuals.

Yet, as the sense of racial identity develops, it may affect the child's values of himself in relation to others. Children's racial attitudes reflect the attitudes of the people who surround them. A preschool child who has lived only among people of his own race or ethnic group may be curious and a bit frightened by a person with a different color skin. Differences often lead to discomfort in the 3- or 4-year-old. Depending on the cues he receives from family and friends, this discomfort either can lead to knowledge and empathy or it can produce prejudice and intolerance. If given the opportunity, a child will quickly work through his concern and form natural relationships despite physical differences.

On the basis of daily experiences during his first years, the child of age 4 or 5 has a variety of ways in which he sees himself. His physical identity is a collection of characteristics and expectations concerning size, strength, gender, and race. The child of this age seldom understands or sees these aspects of himself as parts of a whole person. He does not yet have a clear picture of how these different aspects hold together to make him the unique individual that he is.

Personal Identity. For the young child, there is no sharp separation between the developing sense of physical identity and the developing personal or social identity. Personal identity is an individual's perception of himself as a person with desires, wishes, beliefs, ideas, and feelings, and with a history and a future of his own. For the preschool child, the past and future are much less real than for the adolescent and adult, and the child's developing personal identity is thus very responsive to current situations.

The personal identity of a 3- to 6-year-old evolves from two major types of experiences: (1) how the child is treated by the people close to him, and (2) what he observes about the adults he admires. If the child is treated with respect and love, he will perceive himself as worthwhile and lovable. If he receives meaningful responses, he will grow to feel that his actions and opinions are strong and valuable. If he can effect a change in his world through purposeful action—such as a protest about his room which leads to a new sleeping arrangement—he will begin to learn that he can be effective.

In countless social situations, the child learns how others respond to him, and thus develops a sense of himself. "I am the child who gets into trouble." "I'm the sweet little girl, no brains, all heart." "I am really clever." "I am the kind of child you can't resist loving." "I am a big nobody."

The preschool child is extremely sensitive to the way his mother and father, and other adults whom he loves, behave toward others and are

treated by others. Through identification with these adults, the child's personal identity develops. If his parents treat each other with respect, the child will imitate them and will be likely to become a kind, understanding person. In the same way, a child can learn alienation and humiliation after seeing his big, strong father cower before an employer, or after eating with his mother in the kitchen while the "nice folks" for whom she works eat at the dining room table. And a very young girl can be conditioned to believe that women have an inferior role, if she feels that her mother is bored and frustrated by housework while Daddy returns each evening with exciting stories about his working day.

The preschooler's personal identity consists of bits and pieces of social interactions, observations, and fantasies; it is a quiltwork of partial identifications, imitations, and pretendings. He can see himself as one type of person in one setting and an entirely different person in another setting. The devil at home can immediately become an angel at grandmother's, depending upon what he feels is expected of him.

In adolescence, this sense of changeable identity can lead to anxiety; in the preschool child, it is natural and healthy. It is, in fact, unhealthy when a child's sense of identity is too early closed: when a 6-year-old is made to feel that he is "hyperactive, uncontrollable, unpredictable"; that he is "just plain dumb"; or that he is "just another migrant—no use fussing with him." In an environment which is stressful, a preschool child can identify himself with the unhealthy aspects of some adult or can increasingly show the undesirable qualities that people attribute to him. These characteristics may become a permanent part of his identity. Such children must be shown, with honesty, that they have other more positive potentialities that can be developed.

Preschool children develop pictures of themselves and of their different identities in different situations on the basis of routine, daily, and unnotable experiences which occasionally may be heightened by truly powerful moments of human interaction. When all is going well, these identities are flexible. Indeed, it is the ability of children to change their self-perceptions that causes real optimism about the possible benefits for personality development to be gained from preschool programs. By school age, some of this flexibility and openness may be lost.

Competence

"I *know* I'm a good woodworker," Timmy, age 6, told a grownup friend, as he displayed a small boat he had made from scrap lumber. "It's really kind of easy, once you know how. But it took me 2 whole years to learn how to use the big hammer."

"Everybody likes my paintings," Marla, age 5, told an admirer. "That's because I plan. I think about what I do before I do it. * * * Maybe I'll give one to Uncle Howie for his birthday."

"I do it, I do it. Don't help me. I write my own name," 3-year-old Lisa told her father who wanted to print her name on her scribble-drawing of "a house, a bird, and here's the playground."

From the many experiences of learning, doing, and achieving, from every "I do it" and "don't help me," the child derives a sense of competence—a feeling that he can, indeed, "do it." Preschool children want to do things. Their need to achieve and accomplish is an inborn drive as important as their need for affection. Only in the most adverse situations is this motivation stifled.

The concept of competence relates to the *motivation* to do things well, the actual *ability* of the individual to accomplish both what he wants and what is expected of him, as well as the *sense* of personal ability. A child develops real competence and feels like a competent person if certain conditions are present: specifically, physical and mental health and a supportive environment.

The physically healthy child learns, plays, and acquires skills at a relatively predictable pace. The importance of good health is best understood by observing children handicapped with even minor difficulties: impaired vision, excessive clumsiness, or mild retardation. In working to overcome their disabilities, these children can develop important skills, as well as a sense of competence. But, for them, achievement requires greater efforts. The handicapped child's struggle to achieve shows both the strength of the natural drive for competence and the importance of good health in making this an easily reachable goal.

A supportive environment is as important to the child as good health. The child's surroundings—both human and inanimate—have to stimulate and support an emerging sense of competence. The preschooler needs opportunities to work with various materials, to finish what he starts, and to be rewarded for success. A child at this age makes use of a world of inani-

mate objects, of playthings and puzzles and useful junk, that he can shape to his own ends and for his own, personal reward. "Doing" also involves children in social situations with adults, where work can be encouraged, praised, and respected. A child's drawing, an arrangement of doll house furniture, a building-block construction, a few nails hammered into a board—all may be important expressions of a child's originality and competence. But whether he develops and feels a sense of competence depends largely on how his work is valued by the people he loves and respects.

Cognition

Cognition refers to mental growth and activity. It defines most of the processes of thinking and knowing that most children employ daily: from planning what to do in the morning, to learning the rules of a game or making up an excuse for a messy room. Cognition includes thinking, remembering, problem solving, planning, imagining, judging, and deciding. These processes develop along with the use of language, although they are not entirely dependent on it. Even infants are "cognitively" very active: when a baby smiles upon hearing his mother's voice or cries as a stranger approaches, that baby shows that his mental processes are functioning.

Parents and observers of children are usually charmed by youthful "errors" in understanding. When preschoolers try to understand causality in nature, for example, they often assume that things can think and act as people do. They may imagine that thunder is made by an angry giant in the sky, that dreams are sent by pillows, that rain falls because it knows that flowers are dry.

Testing situations have been devised in psychology laboratories to increase our understanding of how children think. In one situation, a child watches an adult pour water from a very thin, tall container, where the water column is high, into a very wide container. The child is then asked, "Which glass has more water?" To the adult, the answer is obvious: the same amount is in each. But to the preschooler, the thin glass holds more water: "Look how high up it comes." Even if the water is poured back and forth between the two glasses, the child will center his attention on the height of the column. He cannot generalize his observations to understand that the containers only shape the water column; they do not add to or substract from it.

For the preschooler, the problem of "same object, different perspective" may be almost impossible to solve. Things are different if one sees them differently. For example, a 4-year-old walking through a field noticed a full moon slightly above a row of distant buildings. When he later saw the moon high overhead, he became confused and asked, "Is this the same moon that we saw before?"

The concept of time can be just as perplexing to young children. Adults can generally keep a sequence of events and periods of time clearly in mind. The child, however, understands time in relation to present events. A boring and uneventful day will be longer for a 3-year-old than 2 exciting days. With similar logic, a 5-year-old, unhappy during his sister's birthday party, says, "She was 3 yesterday and now she's 4. I don't want her to catch up with me."

While some children can be quite sophisticated and know that babies come from inside their mothers, it may be difficult for them to think of themselves as having been babies and particularly hard to realize a time when they were not yet born. At best, they were "inside Mommy's tummy" a long time ago. "I've just been here for 4 years? I can't believe that. What was I doing before that?"

Children's errors in logic and understanding reflect natural stages in the development of cognition. During the preschool years, children slowly develop their ideas of causality, space, velocity, objectivity, and time. They gradually learn that events and objects have a permanence and reality of their own, regardless of a viewer's changing perspective.

While children of different socioeconomic backgrounds may exhibit great differences in the use of language, they usually think about things in a similar fashion. After reaching a certain stage of maturity, most children know that the quantity of water in the two different-shaped containers is the same. Language sophistication mainly determines the child's ability to describe the perception; it has much less effect upon his ability to use logic for solving problems or making correct judgments.

Many preschool programs, especially those designed for children from low-income families, emphasize "cognitive" development: the use of language, basic concepts such as the correct use of "above" and "below" and similar abstract terms, and preacademic skills such as counting and learning the alphabet. It is important to distinguish the acquisition of this type of knowledge from a child's general intelligence. An inarticulate child often can think and understand

as well as a verbally gifted child and may excel in some areas, such as originality and motor maturity.

Of course, programs which stress cognitive skills may be quite valuable for children with limited experience in language usage and formal learning. They can prepare a child for classroom instruction and give him a sense of academic competence. However, the potential gains from a highly structured, academically oriented program for preschoolers must be weighed—for each individual child and for groups of children—against the potential harm. A child's natural curiosity and desire to learn can be stifled if he is pressured to learn too much too soon. For each child, the educator must ask: "Is this child's own creative, novel way of thinking being dulled by my demands that he learn what I want him to learn *now*? Am I inattentive to his strengths and possible creativity by encouraging only standardized, rote, and stereotyped skills?"

Social and Emotional Growth

Between ages 3 and 6, the child makes a giant leap from the small world of the family with limited outside contacts, to a world of many different friends, teachers, and influences. Parents are likely to know what their 2-year-old is doing at all times, but they take for granted that their 5-year-old has a social world of his own. "Hey, Mom, Jeremy Frank has a football sweat shirt just like that." "Who is Jeremy Frank?" she asks. "Oh, my best friend at camp."

When the child feels comfortable and secure in both his home and his expanding community and when people important to him think well of him, the child develops a sense of value and self-esteem. He appreciates himself. And when his attempts at achievement are successful, when he experiences accomplishment and reward, the child feels that he can do new things and make changes in his world. He thus gains a feeling of personal control.

Much of the child's development, especially his social development and behavior, between ages 3 and 6 is determined by two factors: his senses of self-esteem and personal control. If a child thinks he is important and good and able to control his actions, he will achieve and perform both for his own satisfaction and for those around him and will grow socially, emotionally, and mentally. If, however, a child has little experience with success and reward or is insecure, he may feel that events occur because of other, more powerful people. The sense of his own potential ability and worth may never fully develop.

In a child's social and emotional development, periods of tranquility or stability are normally mixed with periods of emotional upheaval. Children cannot be isolated from worries and anxieties related to the family and community. Nor can a child be kept from having periods of emotional upset which are related to his own psychological development, to new feelings, and to increasing awareness. Trying to completely protect a child from worry and anxiety is an impossible as well as an undesirable goal. Emotional stress can provide opportunities for emotional growth in which old routines are disturbed and new ways of coping appear.

If the child is supported through periods of stress and helped to face uncomfortable situations, he can develop the skills needed to deal with worries, anxieties, and tensions. Through such experiences, he may acquire a deeper sense of identity and competence. No child, however, should be purposefully stressed or have too much expected of him. Children left to face emotional crises without support may later be vulnerable to developmental disturbance and emotional problems.

For a 3- or 4-year-old child, the introduction to full-time day care can be a challenging or difficult transition. Mother is lost; new children appear; the physical environment is changed; and new routines are introduced. The adjustment can lead to either new social and emotional skills or to a repression of feelings and a sense of resentment. The outcome depends largely on whether the child's parents and caregivers respond to his worries with supportive concern.

Preschool programs usually focus on fostering social and emotional skills. Both in nursery schools and in developmental day care programs, the child is helped to deal with feelings in constructive ways, to find means for expressing his energy and creativity, and to work with other children in mutually satisfying activities.

For many preschool children—especially those whose lifelong environments have been insecure—a day care program that emphasizes social and emotional development may be the first place they receive needed care, attention, and individualized concern. In such a program, the child can acquire a new sense of self and learn new ways of coping with loneliness, anger, and the need for personal expression. His emerging sense of value will influence his social growth

and his sense of competence. Oftentimes, children's IQ scores increase during the time they are in quality day care programs. These gains are related not to changes in innate intelligence but to the child's unfolding motivation to achieve and become involved with people, to his new trust, and his increased self-esteem.

Personal Styles

Confronted with a broken toy car, the child studied it for several moments, realized the problem, and fixed it. In the same situation another child might have knocked on it and thrown it to the floor, asked his mother to fix it, ignored it for another toy, or simply cried.

Practically any situation presents the individual with a variety of alternative responses; there are lots of ways to fix a toy, to cross a street, or to avoid frustration. And all may even lead to the same end. These different approaches or *personal styles* are mainly determined by three factors—endowment, personal experiences, and parental influences—though nobody knows why each child develops his own particular style.

From birth, children differ: some are quiet, others noisy; some calm, others jittery; some require little attention, others are terribly demanding. Each child has his own unique history: illnesses, accidents, separations, human interactions, observations, and experiences that differ from those of every other person. And finally, each child receives distinct parental influences. Each is encouraged towards certain behaviors by a series of rewards and punishments and subtle reactions; furthermore, every child imitates the actions, attitudes, and opinions of his parents.

Three types of personal styles are particularly evident and important: how a child mentally perceives a situation (cognitive style); how he physically reacts to a situation (behavioral style); and how he avoids psychological pain (defensive style).

A *cognitive style* is a way of organizing and dealing with the facts at hand. A complicated barnyard picture is shown to two children, and they are asked to describe it: one immediately names individual items—the animals, trees, tools, the people at work—while the second begins to describe the picture as a whole—the farm with the animals scattered about on a sunny day.

Children with different cognitive styles have different ways of perceiving a situation: some children tend to notice details and may ignore the similarities between different objects and events; other children tend to concentrate on the situation as a whole and may not bother with details. These perceptual differences reveal *aspects of cognitive style, not intelligence*. Two children can have different mental approaches to a situation, even though they are equally bright. The distinctionmaker can clearly know that apples and oranges and pears are all fruits; the child who generalizes can probably tell you, if asked, the differences between two apples in shape, size, and color.

Just as there are styles of cognition, so there are uniquely different styles of behavior. A child's *behavioral style* is the way he does, or does not, get things done. Included are such aspects of behavior as the child's promptness in starting an activity, his speed in working, the degree of concentration and interest he shows, and the number of unnecessary actions he uses. Children with different behavioral styles may all produce a final product. There is no "right" way to get dressed or to draw a picture; any number of alternative methods can be used, even though some styles can be more effective than others in certain situations.

Behavioral extremes range from children who are impulsive to those who are inhibited. An *impulsive* child reacts too quickly, especially in potentially dangerous situations, where good judgment would indicate a slower pace; the *inhibited* child may react too slowly and fearfully, especially in situations not generally dangerous or frightening. Between these two extremes is a wide range.

The third type of personal style, *defensive style*, relates to feelings and to the avoidance of emotional pain. There are no children untouched by some sadness or loss. Every child must learn early in life to deal with fears, worries, and upsets, whether it be the first separation from his parents, watching a scary television program, hearing or seeing his parents argue, or waiting for a newborn brother to be brought home from the hospital.

When things go well for the child and his family, these feelings become an accepted part of life, just like feelings of hunger or pleasure. However, the child usually learns to avoid those situations he has found too frightening or anxiety-producing in the past. Placed in situations that do make him afraid, he develops ways to protect himself against the full impact of anxiety. These acquired ways of coping with or managing strong, unpleasant feelings constitute the individual's defensive style.

All children try to keep their fears, worries, and anxieties to manageable size—they joke about things that worry them, whistle in the dark, play games about murder and death, and devise little stories that explain the unknown. Each child's defensive style is personal and unique, even though each leads to the same end by reducing emotional pain. To avoid being frightened by a scary movie, one child may turn his head or his thoughts from the screen; another may try to convince himself that it isn't real but "just pretend" or "crazy"; another may imitate the frightening action by pretending to shoot a gun to escape feeling shot at; while still another may simply leave the room.

From the never-quite-the-same circumstances that determine individual characteristics, children develop the styles of thinking, acting, and feeling (cognition, behavior, and defenses) that constitute their own, unique personalities. The hallmark of quality day care is its ability to recognize each child's distinctive personality and to adapt its program to respect each child's right to be treated as a unique person.

Morals

Consider three mothers, each alone at home with an infant and a 4-year-old son. The first is young, unwed, and lonely. The second, a more mature housewife, has several school-age children, as well as many friends and interests. The third has a successful, part-time career and a husband who cares for the children when she is working. In each case, the 4-year-old has just spilled his juice for the second time and is now disturbing the baby's sleep by noisily playing trains with the kitchen chairs. Each of these women will react differently to her son; each will define his actions differently. Is he naughty, aggressive, or healthily assertive? The way each reacts will reinforce in the child her definition of the behavior and will help shape the way the child labels his actions as good or bad.

Confronted with the actions of their children parents respond in terms of both their own upbringing and their experiences as adult members of the community. They remember how as children they were shown, or not shown, love, and how they were disciplined. In every family, parents set limits and rules and show some form of disapproval. What these are and how they are expressed depend very much on the particular child, family, and community. What kind of child do the parents really want to have? What kind of a community are they preparing the child to live in? What will the community tolerate now from a child?

It is in the give-and-take between parent and child that children learn empathy and what is morally acceptable: which impulses they can express openly and which they must suppress, where their individual rights begin and where they infringe upon others, and how to handle disagreements. The child's moral development is determined by his recognition of his own behavior as good or bad and his desire to conform to accepted standards.

Children pass through stages of moral development. Though they at first perceive an action as "bad" because of the punishment connected with it, they may later feel it is "bad" because it disregards the rights of others. In the process of moral growth, children develop new perceptions of themselves, of their rights, and of their parents and community.

By age 3, children are expected to behave in a socially acceptable way in many situations: to start responding to the "don'ts"—in regard to playing with food, biting or pinching, taking another's toy; as well as the "do's"—to help clean up, to say "thank you," and to show interest in cooperating with others. At this age, children easily lapse from these moral do's and don'ts. They do what they're told, but mostly when somebody is around to encourage or guide their actions.

By age 6, the child has usually adopted and modifed these rules and expectations as his own. He has a new moral feeling, an inner sense of what is right and wrong, what is fair, and what is acceptable. He may feel guilty if he messes his room and anxious if he takes another child's toy. He feels proud when he acts fairly or does his share. Yet, even at this age, children often behave in ways they know to be wrong.

Children, parents, and communities may differ in what they consider acceptable behavior, though many of the differences tend to be surface ones. By age 6, children know the difference between being given an apple by the grocery store owner, paying for one, and stealing one. Taking an apple is stealing in a rich or a poor community, and the child who does it usually feels a sense of unpleasant concern. However, this doesn't mean that there may not be more apple stealing in one neighborhood, where the children might be more hungry, than in another; it doesn't mean that children won't steal apples

"just for the fun of it"; nor does it mean that every time a child takes an apple he will feel he has stolen. Still, by this age, children in all types of communities will generally be more content when they behave according to their own inner values and concept of fairness—which they have learned from their past experiences and observations.

Another place children learn moral definitions is TV, possibly the most important new educator of community standards. There are now perhaps only one or two national television programs for children which show adults as always respectful of children's rights and feelings and which present acceptable role-models to the young viewer. Too much TV aimed at children shows violence and disrespect; condones hitting, beating, and murder; and portrays the tough, brutal, and insensitive person as someone to be admired. Television also teaches children about deception. By age 5, every child knows that commercials deceive—that the toys are never as big or exciting as they look on TV; that no toy will bring scores of new friends to his door; that no cereal or vitamin can talk or turn him into a giant or a hero. Television's message to children is clear: deception is a widely practiced way of trying to achieve a goal.

Parents and others concerned with a child's welfare usually try to counteract television's harmful effects. Competent caregivers can and do limit a child's exposure to television, as well as help him understand and evaluate the programs he watches. Caregivers also can become additional models for the child, demonstrating rightness and fairness and ways to deal with situations related to moral judgments. There is no more sensitive interface between parents and caregivers than the area of morals and discipline. Caregivers are professionals and must not act contrary to their principles and beliefs; still, it is their duty to strengthen the child's respect for parental attitudes and customs. They may oftentimes be caught between these two obligations, when they feel that what a parent has done or told a child, either directly or by example, is wrong. Such conflicts must be handled on an individual basis and often benefit from the intervention of a professional third party. The primary concern of all involved should be the welfare of the child.

Playing and Reality

When is a preschool child not playing? He makes a game out of washing and eating, out of taking a bath, walking upstairs, going shopping, and falling asleep. He's always playing at something—except when he's very sad, distracted (by the television, for example), or asleep. Parents know their child is becoming ill when he stops playing and that he's recovering when his playfulness resumes. Playing is a sign of health.

Play begins with the infant in his mother's lap—she tickles the baby's foot, the baby grabs out to touch, they both smile and laugh. Through play, the young child learns to use different objects—toys, rattles, puzzles, his own body.

There are no sharp lines in the child's world between play and work, between the world of dreams and the world of hard reality. Does the 3-year-old who is learning the alphabet song consider this work or play? Does the 4-year-old who is busy managing her make-believe store feel she is playing or working? Does the 5-year-old who is tensely up at bat think he is simply playing a game?

Children at play are able to explore and practice new roles and skills; they can learn about new materials, acquire social abilities, and learn to cope with trying experiences. Through play the child learns to identify and distinguish the different spheres or levels of being: levels of activity and inactivity, of winning and losing, of loving and hating, of being unimaginative and creative, social and businesslike.

Children at play can become tough generals who boss "little soldiers." They can become parents who firmly put children to sleep. They can build bridges, bake cakes, and fly to Mars. They can learn now and when to exercise their fantasies. In short, their play enables them to be active in depicting what they feel and think about all parts of their lives. Their play can also become a part of everything they do.

Adults can provide opportunities for rich and worthwhile play in several ways. They can help a child feel secure. They can assure him that his play will be respected and not too rigidly supervised or arbitrarily disturbed. And they can provide a few necessary props such as blocks, balls, and creative materials. Such an environment is especially important in day care. When adults provide the necessary opportunities, most healthy children will quickly demonstrate their capacity for elaborate and imaginative play. Only in the totally engrossing play experience does the

3- to 6-year-old bring together all his or her social, emotional, and intellectual capabilities.

Learning

Learning is a many-sided concept. This chapter has already touched on many of the different kinds of things that children learn—the *content of their knowledge*. And it has described important factors that facilitate learning—the *preconditions of learning* such as good health, high self-esteem, responsive adults, and opportunities to explore. A look at some of the theories concerning a more technical aspect of learning—how children learn or the *process of learning*—follows. These various theories assign quite different explanations of how an individual learns. All have some usefulness but, since each theory tends to concentrate on one aspect of personality, no one alone can define the entire process.

Reinforcement Theory. When a child behaves well, it is natural for an adult to show pleasure. And if a child performs an especially commendable task, such as cleaning his room or raking leaves, he is often told how well he has done and given candy or some other treat. The candy and praise are *positive reinforcement* or *rewards* for the child's behavior. Similarly, when a child breaks the rules, an adult is likely to scold or show displeasure in some other way. The scolding and displeasure are *negative reinforcements* or *punishments*.

Children learn to pattern their behavior so that they receive approval or rewards and avoid punishment. Children who have been rewarded will learn ways to maintain their rewards and, having been punished, they will learn ways to end or avoid that punishment.

Most 4-year-old children do not expect to be rewarded for every good action or to be punished each time they do something wrong. They know that punishments and rewards are given only once in a while. This way of timing and arranging rewards and punishments is called an *intermittent schedule* and is a concept basic to reinforcement theory.

A 4-year-old also knows that a specific behavior may be rewarded or punished in one situation, yet not in another. Throwing a ball, for example, may be forbidden inside the house, although very much encouraged on the ballfield. So the child must learn those situations or *stimulus conditions* in which a particular behavior is appropriate.

Reinforcement theory sharpens our concern for knowing precisely what we want children to learn and it helps us understand how we shape children's behavior through our use of rewards and punishments, sometimes without being aware of it. Programs based on this theory carefully define appropriate and inappropriate behavior, select types of reinforcement, define the schedule of reinforcement, and monitor changes in the child's behavior to determine the success of the program.

Association Theory. Almost everyone is familiar with Pavlov's dogs. At first, they salivated only when they saw food; later, after receiving food on many occasions when a bell was rung, they salivated at the sound of the bell. On a picnic, people seeing a charcoal fire may have the same reaction: they may have learned to associate the charcoal burner with hamburgers, just as the dogs associated the bell with food.

According to this theory, a child's mental growth is an ever-increasing collection of associations, and each child learns to respond to new situations, or *stimuli* (such as the food and the bell), with new behavior, or *responses* (such as the salivation). While this is a useful explanation of how children learn some things, association theory is weak in explaining complex or imaginative behavior. Advocates of association theory have tried to explain this kind of behavior with concepts such as *verbal mediation*. As a child acquires the use of language, it becomes a middle link, or *mediator*, between a stimulus and the response. The stimulus, rather than setting off an immediate behavioral response, triggers a series of complex associations in language within the child's mind, and these associations then lead to the response.

For example, association theory might explain why a child crosses the street to avoid a mean-looking stranger. When the child sees the stranger, it sets off memories about hearing that a child was once beaten by a stranger and about warnings that his parents have offered. These associations lead to different ideas about what to do—"Should I throw a stone?" "Should I run away?" "Should I carry a big stick?"—and then to the final idea, to cross the street. This final idea leads to the decision to cross.

Association theory is most helpful in explaining how children learn very simple behaviors—like smiling at the sound of a voice that has been associated with pleasant experiences. This theory, in conjunction with reinforcement theory, may

also help caregivers understand how their actions and reactions to children can influence or lead to certain behavior in a child. However, in comparison to the reinforcement and cognitive theories, pure association theory has limited application for caregivers.

Cognitive Theory. Cognitive theory, which is most widely known because of the work of Piaget, is more concerned with the child's mental ability than with his behavior. It emphasizes that changes in the way a child thinks determine the changes in the way he acts. According to cognitive theory, a child learns by using his available mental capacities for understanding as much as he is able and then developing new concepts and ideas to help him in new and more complex situations.

Studies based on this theory concern the ways children interpret their observations and experiences. How does a child learn a rule? How does he apply a rule to a particular situation? How does he develop an abstract concept? Does the way he understands one concept determine the way he understands others?

The explanations of how a child learns which are offered by cognitive theory are far more complicated than those of reinforcement theory. While reinforcement theory states that a reward influences a change in a child's behavior, cognitive theory states that the reward indicates to the child that his thinking or mental operations are correct. Another way of looking at the difference in the theories is in relation to how active the child is considered to be. Reinforcement theory views the child as very responsive to his environment and particularly affected by the rewards and punishments he is given. Cognitive theory, on the other hand, views the child as a very active organizer of his own experience.

Unlike reinforcement theory which sees learning as the same process at all ages, cognitive theory is quite sensitive to the different ways children understand and organize their experiences at *different stages of development.* It explains how children's errors in logic and amusing distortions of their perceptions are related to particular stages of their mental growth—for example, how children, depending on their intellectual maturity, perceive a quantity of water as determined by the shape of its container. However, while cognitive theory can clearly detail the development of a child's way of thinking, it offers little explanation for what motivates a child to pass through the various stages of mental growth (a central concern of psychoanalytic theory to be discussed later).

The use of cognitive theory involves specifying (1) what mental processes the child is capable of, (2) what types of experiences are beyond the child's capacity to understand, and (3) what internal (maturational) and external (social) forces are operating on the child to enable him to acquire more complex and abstract mental abilities. Preschool programs based on cognitive theory usually begin by assessing a child's current mental abilities and then helping him either to fully use his ability or to acquire new ways of perceiving and understanding. For example, a child may be found to have difficulty in following directions because he cannot fully use the concepts of "bigger than" and "smaller than." Instruction is then aimed at helping him with these concepts. As he learns, his ability to follow directions should improve.

Much learning during the preschool and early school years involves acquiring new concepts and ways of organizing ideas. Cognitive development and learning must be distinguished from mere rote learning, which is the acquisition of behavior based on reinforcement techniques.

Psychoanalytic Theory. In psychoanalysis, as in the other learning theories discussed, the child is seen as having motivating drives and the capacity to adapt and learn. More than the other theories, however, psychoanalysis stresses that how and what a child learns is related to the impact that the adults who care for the child have upon him from the time of his birth, and to the impact of his current level of human relationships and general personality development as well. Psychoanalytic theory helps us understand why a child wants to learn and why some children, with normal intelligence and good health, do not learn. According to this theory, learning depends on more than rewards or intellectual functions.

Learning how to ride a bike, for example, may mean more to a child than simply being able to coordinate muscles. It may be a way of pleasing his parents or himself, of showing his power, or of indicating that he can now go places without depending on his parents. A child ready physically, but not emotionally, to assert himself in this way may not learn to ride a bike in spite of rewards. Similarly, for some children, learning to read brings new feelings of mastery, independence, pride in acting like a grownup, or a delightful sense that a new world of secrets can now be revealed. For others, who may be equally

intelligent, learning to read may be uninteresting, frightening, or confusing because they are less prepared to venture into an adult role by reading rather than by being read to.

Psychoanalytic theory focuses attention on the meanings that underlie a child's behavior. A caregiver may wonder why a 5-year-old constantly dresses and acts like Superman. Realizing that this activity gives the child a way of denying that he is frightened, the caregiver can help the child express his feelings and can try to help him become more comfortable in the day care program.

Probably the most important contribution of psychoanalysis as a learning theory useful to day care is its emphasis on the importance of human relations in the lives of children. During the first years of life, children form very special relationships with their parents and their caregivers, and these color their attitudes and feelings throughout life. Sensitive caregivers become aware of how important they are in the lives of the children they care for. They recognize that children will learn new things because of them and that a child will feel emotional upset and pain if he is transferred from their care. In terms of a child's potential ability to learn and to take pleasure in learning, it is likely to be more beneficial for the child to have a single, affectionate, and dependable caregiver for several years than to have a series of changing caregivers who may be better trained professionally.

Relations Between Theories. Each of these theories has a contribution; each has been used in some way in designing curricula; and each focuses on different features of the learning process. Depending on the particular situation and the particular child's needs, one theory may be more useful, for the moment, than another. For example, a caregiver might react in several different ways to a child's drawing of a tall boy standing next to a smaller building. If the caregiver knows the child has trouble understanding the difference between "big" and "small," she might use the drawing to explain these concepts of size. If, instead, she knows that the child has a poor self-image, she may see the drawing as an expression of his improving self-esteem and may comment about how pleased he must be with the many new things he has learned. However, if drawing a picture is this child's way of avoiding some activity which he has trouble doing, the caregiver may politely praise the child for the picture but may then more strongly reward him for attempting the other activity. Of course, no caregiver will think about what theory of learning she or he may be using at these different times, but rather will act naturally. The purpose of the learning theories is to help caregivers understand how to plan and to know what to do when acting naturally doesn't seem to work.

There are general features of learning and development which cut across all of the theories. For example, certain features of the learning process clearly relate to the developmental level of the child. Very young children are likely to repeat a behavior that has been reinforced, while older children are more likely to go on to something else. Young children tend to learn faster when they receive a direct, personally meaningful reward, such as candy. Older children are more eager to please adults by learning; for them, material rewards may become less powerful than social ones. As children develop, they try different approaches to solving problems and become more independent of the immediate situation. They also become increasingly able to make use of language or verbal instructions to think or to learn a new task.

From 3 to 6 years of age, children show marked improvements in two spheres, attention and discrimination. The 6-year-old is far more able than the 3-year-old to pay attention to critical features and to distinguish details. He is also better able to relate what he has learned in the past to a similar situation in the present.

All of these changes in learning are very much related to a child's sense of personal value, his experience with success, and other factors that we commonly associate with personality development. If a child has positive feelings about the people around him and has previously been rewarded for imitating their behavior, he is likely to use these people as models for his future behavior, to identify with their attitudes and values.

A child who has had profitable social and personal experiences will become increasingly able, between the ages of 3 and 6, to learn how to learn. The process of learning involves the ability to pay attention to appropriate features of a situation, to avoid being distracted by irrelevant details and events, to organize perceptions, to use appropriate mental operations, to monitor one's success—especially in terms of rewards and punishments—and to maintain an internal sense of direction.

In quality day care, this normal process of

learning can be strongly supported. Acquiring the skills necessary for learning is far more important for the preschooler than acquiring any particular kind of knowledge of numbers, the alphabet, or what we usually call "formal" education. In fact, overemphasis on formal, rote learning may inhibit the child from the kind of involvement and exploration that is essential to learning.

Problems in Development

"When things go well for a child" is a phrase which covers a multitude of conditions, from good continuing health and a stable home with loving parents to progressive emotional, intellectual, and social development. Even when things do go well, however, every child between the ages of 3 and 6 still faces the normal aches and pains and crises of growing up. Both parents and caregivers must be able to sense such problems. They should know when help is needed and when to let the child work through things alone. Both should also know when and where to ask for help should a major problem arise.

Every child experiences some difficulties with his feelings which create concern in those who care for him. Sometimes these periods can be traced to a specific event—such as moving to a new house, entering day care, arguments between parents, or the birth of a sibling—but often there may be no apparent cause.

During times of emotional upset, children generally show their stress by relatively obvious personality changes. Some children react with *immaturity*; they may, for example, revert to bed-wetting or demand increased physical attention such as sitting on a parent's lap or tagging on mother's arm. Other children show *changes in feelings* by withdrawing or becoming sad, fearful, or tense. Children can also show marked *changes in conduct*, acting aggressively and with unusual nastiness. Or they may experience *bodily changes*—such as loss of appetite, stomachaches, or even vomiting. Since these conditions are all closely related, one child may exhibit a combination of changes in personality and bodily functions during periods of emotional upset.

Every stage of development has its related problems. To understand a child's problems, one must view them in the context of (1) the stage of development the child has reached, (2) the developmental tasks which the child is facing, and (3) the normal ranges and patterns of behavior found in children at that particular stage of development. In meeting children's problems, there are also many ways of discussing them: by *symptoms* (such as bed-wetting or destructiveness); by underlying *cause* (such as insecurity or family upheaval); by the *system of functioning* which has been affected (such as disturbances of language functioning or emotional control); by *syndrome* or *constellation* of symptoms and signs (such as a perfectionistic personality); or by very broad *categories* (such as disturbances in the normal rate or progress of development). Of course, these different approaches to discussing developmental problems do overlap. For convenience, the following sections move among these different ways of describing the developmental difficulties most likely to be of concern to caregivers. These include problems in developmental progress, attention problems, language problems, social problems, physical problems, and fears and habits.

It should be clear, however, that no aspect of a child's functioning can be understood in isolation. The child's general social, emotional, and intellectual functioning has to be viewed in the context of his family life, his community, and his current child care situation.

It should also be clear that there is no simple cookbook approach to a particular problem in development. There are many different ways in which a caregiver may respond to a child's difficulty. At times she may simply continue to provide affectionate care and allow the child to deal with his anxiety or difficulties by himself. Every experienced parent and caregiver knows that by tolerating and helping a child understand the reasons for bed-wetting during a period of stress, for example, she helps the child regain control quickly and that an angry, critical reaction will only add to the child's problem. Day care should provide a flexible setting where minor problems and their symptoms can be tolerated long enough for the child to help himself.

In other situations, the caregiver may help the child turn a passive experience, such as having a bad case of the chicken pox, into an active one, by encouraging him to play doctor to dolls who need bandages. In still other cases, the caregiver may help the child learn new ways to express feelings or find substitutes for difficult behavior. She or he may, for example, help a child who throws blocks during a temper tantrum learn to talk about his anger or may encourage a game in which dolls get angry with each other and then

settle their argument. The choice between waiting, turning passivity into activity, substituting, verbalizing, and other approaches as responses to a child's problem will depend on the child, the parents, the caregiver, and the resources available to the program.

Disturbances in Developmental Progress

Children develop at their own rates, and there are broad ranges of what can be considered normal or typical behavior for any given age. In any group, there are children with more mature speech, personality, and general behavior than that of most children their age, and there are others whose development lags behind. Among a group of 4-year-olds, for example, there will usually be only one or two children who can tie their shoelaces, but most of these children will be able to put on their coats or draw a picture of a person.

The concept of *developmental lag*, or *developmental retardation*, covers those situations in which a child, for any reason, is significantly lacking what can be expected of typical children of the same age. It usually applies to a child who is quite clearly slow in developing intellectual abilities and social and motor skills. Such a child can be recognized by his need for more assistance than other children of the same age, by his bewilderment or uncooperativeness in situations that most children master easily, or because he does not engage in the typical activities expected of children his age. The parents of a developmentally lagging child often recognize the child's slowness or inability to keep up with other children. Yet, perhaps equally often, parents may not be aware of the child's difficulties, especially if they have had little experience in caring for other children.

There are many causes for developmental lag or retardation. Three prime causes are sensory problems, mental retardation, and environmental deprivation. Only careful assessment by trained professionals can lead to an accurate diagnosis, and sometimes even professionals will be unsure of the cause without observing the child over many months. Day care programs can serve a vital role for parents and communities by identifying children with developmental difficulties as early as possible.

Sensory Problems. A child who appears slow may, upon careful examination by physicians, psychologists, or other professionals, be found to have specific perceptual, visual, or hearing problems. Poor vision or hearing in children is frequently not discovered until the child reaches preschool or even school age, by which time he may have major problems with language, general cognitive skills, and social relations.

Mental Retardation. Although there are hundreds of causes for mental retardation, all are usually grouped into two main types: those organic or physical in nature and those without apparent organic origins.

Children whose mental retardation is organic in nature—caused, for example, by Down's syndrome or phenylketonuria (PKU)—usually have very severe developmental disabilities which are recognized and usually brought to a physician's attention during the child's first years. Among the organic causes of mental retardation are abnormal structure of the child's brain, prenatal or birth-related damage to the brain, severe brain infections or injury after birth, metabolic problems that injure or affect the brain, and diseases and disturbances of the central nervous system that negatively affect the child's ability to develop and to learn. Children with this type of retardation typically have disabilities in all spheres of their development.

Of all mentally retarded children, those with organically caused problems and severe retardation are only a very small percentage. They are unlikely to enter a day care program without already having their conditions detected and diagnosed. But there are children whose milder disabilities related to organic damage may be detected and treated only after the child has entered day care, kindergarten, or elementary school.

Those children whose mental retardation is from nonorganic causes also have low intelligence by standard intelligence tests—but usually not as low as in organic retardation—and have significant difficulties in behaving according to the norms for their age. The diagnosis of this type of retardation must be reserved for only those children whose performance, under the best of circumstances, is consistently below normal. A 4-year-old who scores very poorly on his first IQ test only because he is frightened or the tester inexperienced is obviously not retarded.

Some mentally retarded children whose disabilities are not organically caused are said to have *familial cultural retardation* because it is frequently found in entire families who may have trouble functioning in society. This type of

retardation is less severe than organic retardation and interferes less with general functioning. Any label such as "familial cultural retardation" must be applied with great caution and only after the child has been carefully evaluated by competent professionals.

A great deal can be done for children whose retardation is either organic or nonorganic in nature, but it is probably those children with familial cultural retardation who can be helped most dramatically. Intensive intervention programs during the preschool years have brought remarkable advances in the general functioning and the tested intelligence of these children.

Environmental Deprivation. Poor performance in preschool day care commonly results when a child's family and community environment have limited his opportunities for growth. Many children from stressed, overworked families living below the poverty level arrive in preschool programs lacking critical intellectual and social skills. Upon formal testing, these children may show moderate or even severe impairment, particularly in their ability to use language. With sensitive evaluation, the cause will usually be found to be neither an organic nor an intellectual deficit, but rather the stresses and restrictions of the child's earlier experiences.

Sometimes the only way to determine whether a child suffers from the real intellectual deficits of mild retardation or from the effects of environmental deprivation is to see how he responds to a change of environment such as that provided by quality day care. There clearly are children who, even in the best homes and programs, still show the effects of mild mental retardation. It is equally clear, however, that there are children who will be unable to express their real potential and intelligence until they are given the opportunities and support available in a quality day care program. With quality care, these children can blossom into assertive and competent individuals. Without such care, or with only inadequate or custodial day care, their potential may be further inhibited.

The Role of Day Care. For the benefit of children with developmental retardation, no matter what the cause, day care should provide three major services. First, the caregiver should assess the general level of functioning of all the children to detect those whose development is *significantly* below normal. Second, the caregiver should convey his or her impressions to the parents and assist them in obtaining adequate evaluation for the child. And, finally, the day care program should adapt to accommodate, if possible, the needs of those children whose functioning is not so severely impaired that they require special programs.

The evaluation and diagnosis of developmentally retarded children often require the services of special consultants. No single test is conclusive, and information about the child's functioning, background, and experiences must all be weighed together with what is found from examination and laboratory testing. In the process of evaluation, a caregiver's observations and his or her ability to report them accurately may be crucial to a correct diagnosis of the child's condition. The treatment program for the child will often involve similar collaboration between specialists, the parents, and the caregiver.

Attention Problems

In every nursery school, day care center, and elementary classroom, there is probably at least one child, usually a boy, who is always physically active and unable to pay attention. Such a child may be hyperkinetic, which means that he is very active and has a short attention span. He can't concentrate long enough to listen to a story or to watch a half-hour television program. He may jump in and out of games and, when upset, may punch or scratch. At mealtimes, he may move about between mouthfuls and fiddle incessantly with the silverware. While other children are napping, he may walk about the room and create disturbances. These characteristics of the *hyperkinetic behavioral disturbance*—poor attention, easy distractability, seemingly continual movement, and difficulties in planning and carrying out tasks that require concentration—present problems and irritation to parents, caregivers, and peers alike.

There are some children who show all the signs of the hyperkinetic behavioral disturbance except for the continual physical movement. Rather than being constantly in motion, these children may show decreased activity, or *hypoactivity*, and often appear to be daydreaming. Though their bodies may be still, their thoughts are perpetually active. Children with this form of attention disturbance may not seem as troublesome as those who are hyperactive, but they can create a great deal of tension in a household where they need constant prodding to get dressed, finish tasks, or keep up with the rest of

the family.

To control these difficult kinds of behavior, parents and caregivers often resort to threats or punishment, but to no avail. Punishment may make the child even more upset and less able to pay attention. Rewards may be somewhat more helpful, but these too are usually limited in their effectiveness.

Both hyperactive and hypoactive children have major learning difficulties. Often, their conditions are not diagnosed until the children are problems in kindergarten or fail in first grade. It is important in day care to identify children with attention and behavior problems and to help the parents obtain adequate medical evaluation.

No clear cause can be found for the attention difficulties of many children. Some children, upon careful professional evaluation, are found to have signs of minimal cerebral dysfunction or mild brain damage, including: clumsiness, twitching when hands are held straight forward, difficulty in walking a straight line, trouble in tapping to rhythm, and other indications of impairment of fine motor coordination and of the ability to organize behavior.

Sometimes hyperactivity and hypoactivity are related to major emotional problems and difficulties in the child's family life. The early history of children with attention problems often reveals prematurity or some difficulty at birth. Yet troubles in paying attention similar to those found in hyperkinetic behavioral disturbance can be caused by many factors that are immediately affecting the child's performance—such as hunger, sleep deprivation, family stress, difficulties in hearing or seeing, tensions in the school or day care program, or care which does not fulfill the child's individual needs for affection, stimulation, and stable human relations. Before a child can be diagnosed as suffering from hyperkinetic behavioral disturbance, it must be certain that his behavior is not the result of adverse conditions such as these.

For the child found to be hyperkinetic, treatment always involves a careful ordering of his experiences both at home and in day care. In such treatment, the child's individual needs are recognized and met, and appropriate stimulation and reasonable structure are carefully balanced. A comprehensive treatment program may involve the use of stimulant medication, which is prescribed and carefully monitored by a physician. This medication may increase the child's ability to pay attention and to concentrate. Of course, the day care program should never coerce a family into accepting any particular type of treatment and should never—under any circumstances—label a child. With carefully planned care, many children with these problems show profound changes in their behavior.

Language Problems

Many, perhaps most, children between ages 2½ and 4 experience two kinds of language difficulty—cluttering and speech "immaturity." For some, these difficulties continue through their first few years in school.

Cluttering is shown by many children when they become excited. "I want, I want, I want an ice cream cone." "Do you know, know, do you know what I saw?" At certain stages of development, 25 percent or more of a child's speech may be cluttered. Even a 6-year-old will clutter his speech with repetitions when he is excited, tired, or not concentrating on what he is trying to say—when, for example, his mother asks what he's done at school and he wants to run out to play.

Cluttering is relatively emotionally painless for the child and usually arouses no anxiety. Cluttering is not stuttering—the repetition of the same syllable of a word: "th, th, th, th, thanks for the help," or, "Read me the st, st, st, story that I, I, I, I like." When a child stutters, he is obviously uncomfortable about his speech. He may try to avoid certain sounds and adopt rituals to stop the stuttering, such as putting a finger to his lips when he starts a repetition. Stuttering usually begins shortly before school age when cluttering is coming to an end.

No one really knows whether children with cluttered speech become stutterers. There may be some truth to the idea that a child becomes a stutterer the day he is labeled as one. The child whose parents treat cluttering or other early speech difficulties as abnormal is probably more likely to develop a serious and enduring speech problem. If a child who clutters is constantly interrupted and corrected, he is unlikely to develop pleasure or confidence in his speech fluency.

Speech immaturity is the other common childhood difficulty. A 3-year-old girl has a favorite candy—"wife avers," her way of saying Life Savers. A 6-year-old who is quite good at chess still calls her rook a "wook," and another talks about his trip to the science "zeum," the museum. These forms of speech immaturity are sometimes thought to be cute, and amused

parents may encourage the child to continue to mispronounce "w" for "r," "th" for "s," or "hoe-see" for "horse." But speech immaturities usually represent a phase, a passing stage in the child's acquisition of mature pronunciation.

Cluttering and speech immaturities are problems in talking, not in understanding or using language for communication or thought. If ignored, they correct naturally as the child develops.

There are, however, several serious language problems that will not correct without treatment. The most worrisome is a child's total inability to learn to use language. Symptoms range from total absence of speech (muteness) in a 3-year-old, to very garbled or peculiar language. Children with severe speech difficulties require expert evaluation since causes can include deafness, mental retardation, severe developmental disturbances (such as childhood autism), aphasia, and other significant disabilities.

It is important to distinguish the child who cannot learn to speak or who uses unusual language from the quiet, inhibited child who speaks seldom. Many children are quite bashful outside their homes, though talkative with their parents. For some of these children, the term *elective mutism* has been used. Children from bilingual homes or from families with limited verbal interaction may be silent or soft-spoken when they first enter day care or any other new situation. The child whose limited speech is the result of fear and insecurity usually shows that he can understand what is said to him and when placed in a secure setting eventually begins to speak readily and clearly.

Social Problems

Children are socialized by their parents and immediate culture to become certain kinds of adults. What one family may consider normal preschool behavior, another family may consider abnormal, and behavior that is adaptive and healthy in one subgroup may, in another, seem strange. Before considering a child's actions as normal or abnormal, one must understand the kinds of experiences, social expectations, and general environment which have shaped the child's life.

Even when seen in the context of family and community, however, some children clearly have difficulty relating to adults and peers. In the preschool years, there are three main types of social disability: over-inhibition, over-excitability, and disorganization.

Overly inhibited children range from those who are simply shy to those who are fearful of strangers and new situations, uncommunicative, and not playful. In a supportive day care setting which allows children to respond at their own pace, the shy child can gradually begin to relate first with his caregiver and then with children of his age.

The child who is truly afraid of strangers may pose more serious problems. A 3-year-old entering day care for the first time may have major difficulties leaving his parents and may show signs of real panic if this separation is handled roughly. Most parents are aware of the way their children react to separations and, by informing the caregiver of possible problems, can make the situation easier for both the child and the caregiver.

The fearful child should enter day care slowly. There might be several visits with a parent to the day care setting and then a visit or two in which the parent leaves for a short time. When a child realizes that his parents trust him there and that they will return, his initial fears of separation are usually reduced. It may sometimes be inconvenient for either parent to stay with the child during the first days of day care. However, for the child who has problems in separation, there is no substitute for this gradual introduction and for the kind of support and security that comes with the parent being near.

There are situations when a child's anxiety may be increased by allowing the parent to stay too long. Some children are really not frightened about separation but have a psychological need to be bossy or to control their parents and other adults. And others quickly reflect the anxiety of their mothers when they are near, yet do quite well alone as soon as they feel a measure of security and encouragement.

For the child, especially the younger child, who does have trouble with separation and must be in day care, a family day care setting may offer more security and reassurance than a center setting. More similar to home, with fewer children, and with the possibility of closer attachment to the caregiver, family day care requires a less strenuous adaptation for a child.

In general, the more sympathetic and warm the caregiver can be with the frightened, inhibited child and the more the day care situation resembles the child's home, the less anxiety the child will experience. If, however, the caregiver is stern or angry with the child or his parents and if the setting greatly differs from the child's usual

surroundings, the transition to day care will be more difficult.

Some degree of anxiety and fear in the child entering day care is perfectly normal. These feelings indicate that he has a warm, healthy attachment to his parents and that he is free enough to express his concern when placed in a situation that is new and untested.

There are some children who can enter day care with a total lack of concern. They seem to have no trouble at all separating from their parents or later changing from one caregiver or program to another. This lack of anxiety is not necessarily a sign that the child is independent and secure; on the contrary, it may indicate that he is holding back the expression of his fears or even that he is unable to feel any closeness to people. Such children have most likely undergone many difficult separations and stressful experiences which have left them too insecure to show how worried they really are when left in a strange situation. They can neither form close relationships nor express their full potential in areas that require liveliness and imagination. A sign of emotional progress for such a child may be his developing a possessive attachment to a caregiver, whereby he could begin to feel free to express his true feelings about someone for whom he cares.

The social difficulties of the *overly excitable* child are quite different from those of the inhibited child. Excitable children often exhibit characteristics similar to those of hyperkinetic behavioral disturbance. For these children, quiet play may be difficult, and any change or stimulation may lead to a stream of wild, joyless activity. Their excitability may be associated with excessive and inappropriate responses, such as laughing too much at a joke or becoming too angry over a disagreement. It is important to distinguish the excitable child from one who is normally lively, vigorous, and enthusiastic. Being with an overly excitable child is like walking a tightrope: even when the child is quiet, he may at any time explode and release his pent-up energy.

The proper choice of a day care setting is as important for the excitable child as it is for the inhibited one; in each case, the child's general welfare must be the prime concern. For example, in a sedate day care home, an excitable child might be seen as a troublemaker and impossible to manage. If the caregiver is uncomfortable with such a child, his excitability is likely to increase. The excitable, vigorous, physically oriented child would find a quiet setting maddening, though he might really thrive in a day care center with plenty of space, a generous outdoor area, and caregivers who tolerate and enjoy occasional rough-and-tumble.

There are impulsive and destructive children whose excitability may present real problems in day care. By age 3, such children may already be a difficulty to both caregivers and themselves; by 5, they can be dangerous to other children as well.

One type of impulsive-destructive child exhibits "episodic" or "periodic" aggression; he is easy to get along with most of the time but without warning may viciously attack another person. This usually occurs when the child is angry about not getting his way, or when he is expected to perform more maturely than he is able. It is also more likely to occur when he is overly tired or pressured. In periodic aggression, the child is clearly conscious of his actions and is attuned to others' behavior; however, the attack differs from the normal anger of a child in its intensity and the physical harm it can cause.

A caregiver can try to prevent the child who exhibits episodic anger from becoming too frustrated or upset by helping him choose activities that he can perform successfully. On a day when the child is tired or tense he should be helped into activities that are less difficult than usual or which do not require that he work up to his full abilities. For the child whose aggression is triggered by losing in a competitive game or situation, the caregiver can help find activities that do not involve winners and losers. However, even when a caregiver is thoughtful about a child's needs, some episodes of aggression probably will occur. When an episode does take place, the caregiver should quickly act to stop the child before he hurts someone, breaks something of value, or does something else that will make him ashamed and others angry. After the episode is controlled, by holding the child if necessary, the caregiver should try to explain to the child what happened, and what else he could have done. "You got really angry with Benjamin because he played with the truck you like. You know, you could have *told* him you wanted it. * * * I won't let you hit anybody because then you'd feel really bad about that too."

Some children show generally aggressive and impulsive behavior, often as a result of totally unstructured homes where they have had little opportunity to learn socially acceptable behavior. With quality care, these children not only can

learn how to deal with other children and adults but can also develop a new sense of self-control and pleasure in being with people.

The child whose behavior is *disorganized* may exhibit features of both the inhibited and the overly excitable child. What most characterizes behaviorally disorganized children is their lack of systematic play and pleasant, satisfying social relations. Such a child may move quickly from one activity to another, show little capacity for long, thematic kinds of play—such as playing store or house—and may never form attachments to other children or adults. His behavior may be grossly immature in some ways and odd in others: for example, he may speak poorly or wet his pants, have unusual mannerisms or gestures, or may continually repeat the same word or phrase.

For these children, day care must be supervised by professionals capable of providing therapy as well as education and care. The average caregiver must learn to recognize the difference between a young child's normal silliness and immaturities and those that characterize development that has gone awry.

Physical Problems

Every child will most likely suffer some physical problem, whether it be a cold, a case of measles, or a serious physical handicap. Although a caregiver should be aware of and responsive to the difficulties of any child, he or she is in a particularly good position—because of long-term proximity to a number of children—to recognize and help those whose physical troubles are related to problems in development or in their emotional well-being.

Most children between ages 3 and 6 will have some problems or "odd" episodes in eating, sleeping, and toileting. Every experienced caregiver knows there is nothing wrong with the child who will eat only peanut butter and jelly sandwiches for lunch, or who has "an accident" and wets himself during sleep or while too busily involved in play, or who is too tired to play yet too alert to nap. Even though such problems are normal, the caregiver should be alert to their nature and to any additional troubles which could indicate a more serious problem. For example, it is fairly typical for a child to bed-wet occasionally; however, one who suddenly reverts to regular bed-wetting and who exhibits other unusual behaviors may be undergoing a period of stress or reacting to some other emotional or developmental problem. If the condition continues, the caregiver should speak to the child's parents and consider with them a possible professional evaluation.

The caregiver should also be aware of certain physical problems which are directly associated with the emotions. Some of these conditions—asthma and eczema, for example—are not actually caused by the child's state of mind; others, such as frequent vomiting, may result directly from the child's inability to cope with his feelings and anxiety. Asthma, eczema, chronic diarrhea, clogged ears, nose stuffiness, migraine headaches, and recurrent vomiting all have one thing in common: when the afflicted child is upset, worried, unhappy, or disturbed, his physical condition worsens. Such illnesses are often part of a stress cycle: the greater the child's upset, the worse the affliction gets; the less the upset, the milder the affliction.

For example, at times of stress, family upset, or disturbance in his living situation, a child suffering with eczema may be covered from head to toe with an itchy, oozing, and crusty rash. At such times, the one and only thing he wants to do is scratch. Appropriate care includes helping the child find alternatives to scratching—ways to keep his hands busy and his mind off his body. It also includes helping him find more useful ways of coping with stress and emotional pressures. With sensitive care, children with eczema can become perfectly clear of any rash, and this is true of any of the stress-accelerated conditions.

The proper functioning of a child's body is related to how he feels about himself and to how he is valued and treated by others. For the child in day care, the caregiver will be the most important person in his life for many hours a day, so to some children, care and thoughtful attention can literally make the difference between sickness and health.

Fears and Habits

Certain fears are not only normal, but also necessary. Children learn to fear crossing a busy street, playing with matches, and talking to strangers alone. When fears become so strong that they affect regular behavior, especially when they have no rational basis, they are called *phobias*.

Similarly, part of normal learning during the preschool years involves the development of habits, such as washing, cleaning up, and desiring to eat meals at regularly scheduled intervals. When habits become excessive and constrict the individual's general activity, they are called either

obsessions which are persistent and irrational thoughts, or *compulsions*, which are persistent and irrational actions.

Preschool children may go through periods when their fears are overly strong and dramatically interfere with daily activities. For example, a child may fear being bitten by a dog. Perhaps he fears the dog's wildness, has heard of another child being bitten, or has been nipped at himself—although he may have had no particularly bad experience with dogs. But, because of his fears, he may resist going outside alone and may even become upset at the sight of a dog through the window.

The reason for such fears is simple and understandable: the preschool child is concerned about his body and general health. The object of the child's fear—an elevator or a horse, for example—may not be an actual danger, yet may be used as a symbol of some profound and serious threat. For the child, as for an adult, the symbol can be more real than reality.

During the preschool years, children's rituals and habits are related to the normal tasks of development. Young children are often very concerned with schedule and regulation; they feel more secure if they know what is going to happen and are able to expect it. The preschooler may be uncomfortable with changes in routine—"first we go to the grocery store and *then* to the bakery." The natural desire for regularity, however, can get out of control. Some children develop patterns of thinking and behavior that may serve no useful purpose but that can upset daily family life.

Rituals involving eating, urinating, and washing are quite common and show the close link between childhood phobias and obsessions. Rituals and habits are often performed so as to avoid frightening ideas and events. A child who is afraid of the dark may develop a ritual before bedtime: he may wash his hands, clean his room, wash his hands again, urinate, wash his hands, and on and on. He will perform all sorts of seemingly meaningless actions to keep busy. The ritual serves to avoid a worrisome thought or event, but since the idea or impulse eventually returns, the child only becomes more engrossed in his ritual.

The fact that a preschool child can develop phobias and obsessions indicates that he has reached a certain level of intellectual and emotional maturity. These problems indicate that the child has formed an early understanding of causality, realizes that dangers exist, is concerned about his body, takes responsibility for protecting himself, and has developed particular cognitive, behavioral, and defensive styles that move him towards this kind of action.

Even the most habit-prone and fearful child can benefit from quality day care programs if the staff is able to appreciate his general needs. Involved in programs that increase positive social experiences and opportunities for developing a sense of competence, the timid and frightened child is often able to outgrow his inhibition and fearfulness.

Understanding Developmental Problems

Problems in development can be understood as expressions of the same developmental processes that were discussed in relation to the healthy growth of children. Each child's behavior reflects what he is as a whole person—a person with a mind, a body, a family, a culture, a history, and a current life situation. Awareness of problems in a child's development must cut across labels, so that his specific needs can be identified and met.

Understanding how a child's social, emotional, intellectual, and physical growth are so closely related allows us to see the importance of day care programs which deal with the whole child. With the problem child in day care, there is little distinction between good education, good care, and therapy. All three depend on the caregiver's own commitment, competence, and concern. Quality day care depends on quality caregivers more than on anything else.

How Day Care Supports Development

All children who are born healthy have the innate capacity for emotional, intellectual, and social growth. For this capacity to develop, certain conditions must be met. Day care can support development during the preschool years by providing a child with the kind of care he receives from his own parents. When day care aims at continuing the positive support to development that a child normally experiences at home, it meets four essential conditions.

- It promotes the child's physical health by identifying problems, helping the family to obtain medical help, and working to prevent the occurrence of new disease.
- It provides the child meaningful social experiences with competent and concerned caregivers and with children of the same age.
- It creates opportunities for learning by making materials and situations available in an

organized, thoughtful manner.

- It supports the child's family life by involving parents in the care of their children, keeping them informed about their children when they are in day care, making parenthood a pleasant and rewarding opportunity rather than an extra burden, and helping parents feel secure that their children are receiving quality care. All parents want their children to become certain kinds of adults. Day care must support their values and goals, while helping parents to find the best ways to reach the goals they have for their children and for themselves as parents.

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Chapter 3

Administration

Good administration of a day care program does not necessarily follow a rigid set of rules. Administrative practices should fit the program, adapting to its size, special characteristics, and problems. The structure that is comfortable for a neighborhood's half-day cooperative program, for example, would probably be inadequate for a full-day program that offers compensatory education for handicapped children. And the set of bylaws that helps a day care center run smoothly would be overelaborate for a family care home.

Few, if any, organizations have complete freedom to develop their own administrative style. There are regulations governing such matters as taxes, accountability for funds, and incorporation, and Federally funded day care programs must meet certain additional administrative requirements. Yet these restrictions still allow flexibility in the administrative structure and rules. A creative administrator will understand a variety of ways to handle administration and be able to choose the best way to satisfy particular organizational needs.

Even the smallest day care program, run by a single individual, needs administration. In fact, many such programs lose money and therefore serve fewer children for a given amount of money, because they lack good administration. The important point is that since administrative functions have to be performed, it is better to handle them consciously and systematically. A family day care operator need not imitate the policymaking apparatus of a center, but she or he should be aware of administrative problems, make carefully considered decisions, and keep at least a few vital records.

The handbook, *Administration*, published by the Office of Child Development, reviews standard administrative practice in day care. This chapter summarizes some of its information and offers additional suggestions, alternatives, and other information useful for family day care programs, day care networks, and day care centers for preschool children.

Administration of a Family Day Care Home

For an individual who operates a family day care home without the aid of a network or system, administration as described in this chapter may appear an unwelcome and unnecessary burden. Few caregivers relish the idea of sitting down to paperwork after spending long hours with a group of children. Obviously, the administration of a program has to be adapted to both the needs of and the time available to the caregiver.

Most of the practices recommended in this chapter can be scaled to the size of any operation and will encourage higher quality care as well as aid the caregiver in working with parents. Elaborate formal documents are seldom needed. A few simple notes, if they are accurate and understandable, will suffice for most administrative functions. The development of each child can be recorded as brief daily or weekly entries on a sheet of paper reserved for that child. This record should contain notes on parent conferences, special problems, and recommendations but needs neither great detail nor long hours of work.

Besides keeping records, the family day care operator should keep in mind that she or he has to perform basically the same administrative functions as any day care organization. The natural tendency for many operators is to receive the children in the morning, offer them supplies and equipment for play or learning, deal with situations as they arise, and deliver the children safely to their parents in the evening. Such a procedure can quickly lead to little more than custodial day care. To provide quality care, caregivers should at least formulate clear policies, including a definition or philosophy of what each would like day care to offer children and their families; regularly plan the children's day; use whatever resources are available outside the home; and maintain good relations with the parents, the community, and any available volunteers and resource people. These are among the

administrative elements of any good day care program. The way a caregiver deals with them will play a large part in determining the quality of the program offered to the children.

Administration of a Family Day Care Network or System

The administrative responsibilities of a network must include selecting and preparing family day care homes and caregivers, supervising the practices and progress in each day care home, making special efforts to involve parents in the program, and providing a central site for services which cannot easily be offered at many separate sites. In addition, there is a need for coordinating supervision, staff development, and record keeping among many separate individuals, some of whom may have decided to offer family day care because they did not like the administrative complexities of a large organization.

It should be possible for the network administration to simplify, rather than complicate, the jobs of the separate caregivers by assuming such responsibilities as collecting information by telephone daily or weekly, maintaining central files, handling the collections of all fees, loaning equipment and materials, and working with parents on matters of policy.

Administration of a Day Care Center

Because there are so many different kinds and sizes of day care centers serving so many different populations, it is not possible to discuss specific issues concerning their administration. The discussion in this chapter will usually refer to the administration of a day care center of moderate size, serving perhaps 50 to 75 children. This model is chosen for convenience, and all comments must be adapted to the special characteristics of the particular program.

Administrative Considerations at Start-Up

Leadership. In planning a day care program, a group may have excellent ideas, but it also needs sound leadership to get the actual program under way. Someone has to coordinate funding, site and facilities, licensing, curriculum, and staffing. The election of temporary officers—usually at least a president, vice president, secretary, and treasurer—is the most common way of obtaining early leadership and, at the same time, serves to test the qualities of group members and their ability to work together. Such officers can serve during the organization and start-up phases of the program and can be replaced or re-elected once it is operating.

The director, as the person who will work most intimately with the program, should have a hand in the planning phase. Funds permitting, the director should be hired as early as possible so that the planning can benefit from his or her advice and to insure that he or she—as the person who must soon carry out policies and enforce procedures—will have a say in what those policies will be.

Developing a Start-Up Plan. It's a good idea, probably a necessity, to think through all the important details that need to be done, deciding when they must be completed and who's to do them, as early as possible. Such a plan needn't be elaborate, but it should be written down and agreed upon by both the planners and those who must carry it out.

A practical way to develop such a plan is to identify deadlines—such as opening day or the day a grant or contract proposal is due—and work backward from there, listing the tasks that must be completed by specific dates. Planners should try to estimate the length of each task and how many people will be needed, and then use these estimates to determine (1) whether they have enough time and people, or whether they should recruit more help and start working on several things simultaneously; and (2) the dates when certain key tasks must be completed to meet a deadline. The process of developing a plan usually helps identify important tasks in advance and helps avoid embarrassing crises.

Once the plan is developed, it should be used frequently to check whether tasks are on schedule, but those using it should never be afraid to change it as conditions warrant. Chances are, frequent updating will keep both the tasks and the planners organized and working productively.

Incorporation and Tax Exemption. Few community groups start day care programs in order to make a profit. However, there is increasing interest in the private sector in day care as a profitmaking operation. This chapter deals mainly with nonprofit day care, since funding, budgeting, and other administrative concerns are more complex in a profitmaking enterprise. Still, many of the same basic principles apply to both kinds of operations.

Any group operating a day care program needs a clear definition of legal responsibility and administrative authority. (See ch. 5, "Licensing and Other Forms of Regulation.") In practice, this

usually means that the group should incorporate, for several reasons.

- Incorporation protects the children, since it clarifies precisely what institution is legally responsible for what happens in the program.
- Incorporation also protects those sponsoring and running the program by limiting their legal liability.
- A group that seeks certain types of Federal, State, or local funding must be incorporated as a means of establishing clear accountability for the use of the funds.
- Any program supported wholly or in part by public money—including programs that have children sent by a welfare agency—must usually be incorporated.
- Finally, a nonprofit corporation may qualify for tax-exempt status, which will save money in the purchase of many goods and services as well as encourage donations that are tax deductible for the donors.

Not all groups have to incorporate. If a program is sponsored by an already incorporated institution or organization, the charter may provide for a day care program or will only have to be revised. And although a public agency running a day care program must have legal authorization, it need not be incorporated.

For a group planning to incorporate, the services of a lawyer are essential, to help with such matters as the State's legal requirements for incorporation and the requirements for tax exemption. If the day care planners do not include a lawyer and cannot afford to hire one, there are some community groups which can offer legal advice and services at little or no cost.

Single-family caregivers, unaffiliated with a network or other organization, rarely incorporate. Unfortunately, an unincorporated program suffers disadvantages. Contributions to an individual cannot qualify as tax exemptions for the donor, so donations of money and materials are less likely. A more serious problem is that the unincorporated caregiver is personally liable and can easily be sued. Most family day care operators are unaware that they are vulnerable to lawsuit. And, although liability insurance is available to private individuals, it may be prohibitively expensive for most families. The best protection for most family day care operators is to become part of a group or network which can either incorporate or arrange for some sort of group insurance plan.

Bylaws. A corporate charter defines the external activities of a group; bylaws govern its internal affairs. The bylaws are the ground rules and can be drawn up in any way the group wishes—so long as they do not conflict with legal requirements for a corporation. Bylaws often contain philosophical statements about the group's goals or history, though their main function is to bring order, clarity, and predictability to the internal operations.

It is usually a mistake to adopt commercial rules or intricate systems of checks and safeguards. An organization can become entangled in its own complicated rules, unable to act without either ignoring the bylaws or amending them at every turn. Bylaws should be as clear, direct, and simple as possible, but at the same time should cover those procedures considered most important to the program. They should also be flexible enough to accommodate changes in goals and programs without a cumbersome process of amendment. The topics usually included in bylaws are:

- the name and purpose of the group
- the composition of the board of directors, the selection procedure for members, and the length of their terms
- titles and functions of the officers, their terms, and how they are selected
- the powers and limitations of particular offices—for example, who has the power to sign contracts, to buy and sell property, to hire and dismiss staff, etc.
- the composition of the membership—anyone who wants to belong? community groups? only parents of children in the program?
- how vacancies among officers or board members will be filled
- meetings—frequency, purposes, advance notice, quorums
- standing committees—their duties and member selection procedure
- the method of changing the bylaws.

The OCD handbook, *Administration,* contains a sample set of bylaws, on pages 16–18, suitable for a good-sized organization. *So You're Going to Run a Day Care Service* has another sample set on pages 76–78, which is more simple but still workable. Both these books are referenced at the end of this chapter.

Seed Money. Since there will be expenses to be met before the program begins to receive income, a source of "seed money" will be needed.

The amount required will depend on such factors as location, facilities and equipment, and the talent available within the group. Typical start-up expenses include telephone and stationery, printing, advertising, publicity, legal and licensing fees, site development, the advance hiring of a director, and the costs of home visits by paid staff members.

The sources of seed money depend on the community. A special allowance for start-up may come from the program's funding agency—if it has one—or from local health and welfare councils, a community chest, an urban coalition, sponsoring groups, unions, industry, or local small businessmen.

Donations of seed money are more likely if the day care planners can demonstrate some degree of financial competence. This can be done in two ways:

- by preparing a *pro forma* (prospective) budget and cash flow statement to show specific financial needs (ch. 4 "Budgeting and Funding," provides further information about such preparation); or
- by gaining commitments, whenever possible, from parents intending to enroll children in the program. This would show that there is enough interest—as well as an assured income—to increase the program's chances of success.

Administrative Structure

Board of Directors. A board of directors is a means to establish legal responsibility for the actions of an organization and to insure that the policies adopted reflect certain interests and points of view—specifically, those of the board members.

If the group is incorporated, it will have to be advised of the legal requirements for the board by an attorney. If the program is operating under the rules of a Government agency, its board will follow the guidelines laid down by that agency. And if an individual is the sole owner of an unincorporated business, he or she will of course need no board—but may want some counterpart, such as a parents' advisory group, to make certain that parents' views are heard.

The boards of most day care centers and networks have about 10 to 20 members, whose terms of office are usually more than 1 year and are staggered. Members with past experience insure a certain amount of continuity and provide a group memory of the recent history, experiences, and problems of the organization.

Board members usually represent several groups: parents; representatives of the community; representatives of the funding agency; and specialists in such day-care-related fields as health, nutrition, and social services. However, the particular composition of a board often depends on the type or purpose of the organization or program. Some large organizations which operate day care centers have boards composed mostly of community representatives, while some day care organizations created by parents to specifically benefit their own children have boards composed entirely of parents. Whatever the membership pattern, the interests of the children and their families must play a central role in policymaking.

If some group or point of view is not well-represented on the board, an advisory committee with certain restricted powers can be formed. A parent advisory committee, for instance, may have the power to meet with the board, advise on the hiring of staff members, and suggest changes in the operation of the program. A professional advisory committee sometimes helps the board and the staff with certain technical aspects of the program, as well as with obtaining funds and community support.

Each organization decides for itself the division of duties between the board of directors, the program director, and others, as well as the extent of the authority to be delegated to each. Yet, whatever its specific duties, a day care board of directors almost always assumes certain basic roles and functions.

- The board sets down goals and guidelines for the program and evaluates performance.
- It is a link between the day care program and the community. Parents and other members keep the community informed about the program, and they draw upon community resources when needed to help the program.
- It hires a competent program director, delegates administrative authority to him or her and evaluates the director's performance.

Program Director. The board of directors hires a professionally qualified administrator—a director—to run the program from day to day. The director's role is essentially threefold: to assume certain administrative responsibilities for the organization, either by assisting board members or by being delegated full authority; to act as liaison between the board, staff, and parents so that each group understands the goals and needs of the others; and to serve as a professional

adviser to the board, contributing his or her knowledge of both preschool programs and the developmental needs of preschool children.

The day care director is a key influence on the quality of the program. The type of care the children receive will largely depend on the director's background and personality. Translating policy into actual care results not so much from resolutions and directives as from hiring the right man or woman to head the program. This task, therefore, is a pivotal—and frequently painful—part of administration. The following are some of the points to be considered in hiring a director.

- Are there any staff members who should be considered for the job? A career ladder for staff personnel is a fiction unless there is real opportunity to move up it.
- Whatever the candidate's other qualifications, is he or she sympathetic to the kind of program desired by the board?
- In addition to personal skills, can the candidate supervise, train, and help others perform their jobs well?
- Does the candidate understand the needs of the neighborhood children, and can he or she plan a program to meet these needs?
- Will children and staff be able to respect and identify with this person as director?
- Does the candidate have the ability to work cooperatively with board members, other staff members, children, parents, and the community, and to reconcile—rather than compromise—their diverse viewpoints?

The board of directors must determine the importance of these and other considerations. Although no candidate will measure up completely, it is the board's job to find and hire the best available person to meet the particular needs of the children and their families.

It is also their job to support the person they choose: the board hires a director to run the program, but the director's job is impossible without the support of the board. Members of the board should neither intervene in the daily operation of the program, except on a policy level, nor give partisan support to any staff member except the director. Staff members must also be willing to support the director on the job, bring to his or her attention special problems with children or parents, and should settle differences of opinion in private.

A particularly active board or group of parents can harass a director unintentionally. The director and every other staff member needs and deserves a private life. An occasional evening meeting is part of the job, but no staff member should have to spend long hours of personal time on the telephone or in conferences after a full day at work.

In turn, the director needs to remember that he or she was hired to keep the program running smoothly, in the manner set forth by the board, and is not free to follow personal preferences in favoring certain board members, staff members, or parents. To avoid confusion, it's usually a good idea for the board and the director to agree in writing on the kind of matters and problems the board will personally consider and those which are to be handled specifically by the director.

Administrative Responsibilities

While the division of responsibilities among the board, the program director, and others has to be decided by each organization, the responsibilities themselves do not vary much from one program to another. Basic administrative duties required in any day care operation include setting policy; planning the program; managing finances; handling information; mobilizing resources; supervising operations; recruiting, hiring, and training staff; promoting parent involvement; handling community relations and publicity; and evaluating the program on a regular basis.

A large organization may assign these jobs to many different people and committees, but in a small organization essentially the same functions have to be performed—on a smaller scale, of course—by a few people or a single person. A family day care operator handles administrative duties—perhaps informally and perhaps without even realizing it. By refusing to take in more children for fear of overcrowding, she is making a policy decision. When investigating different kinds of play equipment, she is involved in program planning.

Policy Setting. An organization big enough to run a day care center or network—as well as the individual who operates a family day care home alone—needs written policy statements. These serve mainly to keep the administration of the program consistent with its goals.

In the large day care organization, written policies should be distributed to help parents and the community better understand the philosophy and program and to help caregivers

cope with emergencies. Policy statements should be clear and definite, not unnecessarily complicated or restrictive. They should be capable of changing with changing needs, and in an established way—for example, by majority vote of the board of directors or by a majority vote of the parents at a regular meeting. Some of the subjects that should be covered by written policies are listed below.

- the type of day care service to be offered
- the hours of operation and the conditions, if any, under which a child will be accepted earlier or kept later than the other children
- the number of daily meals and snacks to be served
- personnel policies. Every staff member should be given a clearly detailed copy of the personnel policy—including job descriptions, pay ranges, and benefits—before being hired, and should accept employment only with the understanding that he or she accepts the conditions of the policy. If the administration is dealing with a union, the advice of someone experienced in labor relations should be sought to advise on the terms of the policy.
- admissions policies. The grounds on which children will be accepted, or not accepted, into the program should be specified and made available to all applicants. The criteria should include:

  (1) the child's emotional readiness to separate from his parents for the necessary period of time, together with the parents' willingness to let the program share in the care of the child—this is the most important criterion

  (2) the age limits of the children to be admitted, and whether unusual maturity or immaturity will be considered

  (3) health, including requirements for physical examinations and health records

  (4) the admission of exceptional children, including the physically handicapped, and the provision of special services or facilities for these children

  (5) the maximum number of children in the program

  (6) fees, schedule of payments, and exceptions—if any

  (7) special needs which the program either will or will not attempt to serve—such as the need for a bilingual program, a preacademic education program, or emphasis on a particular cultural background

  (8) any other factors that may work to give some children priority over others for admission, such as the desire to have a particular socioeconomic mix, or to have extra consideration given to children of working parents or to those from single-parent families.
- attendance policies. The importance of continuity in the child's relationship with the caregivers and the other children should be emphasized, and any adjustments in fees for long periods of absence should be stated
- staff:child ratios. These should be specified and related, if necessary, to the ages of the children or the type of program offered.
- insurance coverage
- regulations and restrictions concerning personal belongings at the day care site
- transportation arrangements
- regulations concerning permission and procedure for activities outside the day care facility
- requirements, if any, for parent participation.

To the operator of a family day care home, such a volume of written policies may seem excessive. However, even the most important points can usually be covered in brief, informal statements—for example, "Food service–lunch and two snacks" and "Payment in advance, first weekday of each month." These statements in writing will be of the greatest value when one is discussing terms with a prospective client or for resolving disputes over policy without bad feelings.

Other policies, depending on the nature of the program, may be needed to specify or emphasize special concerns or features of the program—for example, the relationship of the day care service to the community, or provisions for special services such as health care or adult education.

Program Planning. The board of directors is responsible for establishing both the immediate and long-term goals of the operation and, together with the director, plans a program to meet these goals. Program planning requires careful and realistic appraisal of the resources—human, physical, and financial—that will be required. The director should maintain sufficient familiarity with both finances and staff capabilities to be able to assess the feasibility of proposed changes in the program. The director's evaluation may bring him or her into conflict with the desires of the board, but it is far better to work out any disagreement before the change is made—particularly since it is the director's responsibility, once a program is adopted, to make it work.

A written program plan should be prepared once a year to accompany the budget.

Financial Management. Sound financial management is a prime administrative responsibility and is discussed at length in both the OCD *Administration* handbook and in chapter 4 of this book. One point especially important in administration, however, is identifying specific financial duties and the particular staff members responsible for them. These should be detailed in writing for several reasons: for the benefit of board members, officers, and staff in succeeding years; as evidence of sound financial management which can be offered to potential funding agencies; and to answer requests for information from parents who are concerned about the use of fees.

Records. Properly kept and updated records can have a pronounced influence on the quality of the program—particularly records which deal with the children's home situations, health, progress, and problems, as well as with essential information for emergencies. Records can and should be scaled to the size of the program, but some degree of record keeping is essential to even the smallest day care operation. Naturally, all financial transactions have to be recorded. Information on the progress of each child and on past evaluations of the program are obviously in the interest of the children and will be invaluable when children change to a new program or caregiver for any reason. Minutes of meetings, committee actions, and records of special arrangements about fees or other matters can prevent later conflicts. And such information as attendance records and inspection reports is often required by funding agencies.

Records, however, can also be misused. Administrators need to remember that they have privileged information about individual children and families, and that this information should be available only to trained staff members or board members who have a clear need to know specific facts.

Resource Mobilization. The administration is responsible for identifying resources of many kinds—funds, staff, equipment, physical facilities, volunteers, community programs, training opportunities—and for finding ways to use them in the program. Businesses, schools, or parents can often provide space, equipment, and services such as bookkeeping at little cost to the program. Encouraging parents and staff to seek contributions, together with keeping a current list of goods and services needed, can save substantial amounts of money. This kind of effort can help satisfy the requirement of some programs supported by public funds that they receive a certain amount of private support as well.

Supervision of Operations. The director is responsible for seeing that the program operates smoothly from day to day in accordance with both the administrative policies and the needs of the children. In a large program especially, the quality of staff supervision at all levels has a direct bearing on the quality of care offered. The supervision of the program director by the board usually takes the form of a periodic evaluation, the criteria for which should, of course, be directly related to the goals of the program and should be clearly understood by the director long before an evaluation is conducted.

Staff Development. To attract and maintain a well-qualified staff, as well as to assure the best possible program for the children, the administration must provide a staff development program which should contain several specific elements.

- recruitment of the best available people when job openings occur
- orientation of new workers
- regular one-to-one evaluation of staff performance
- training programs and sessions offered as regularly as possible
- possible arrangements with local colleges and universities for staff members to continue their education at little or no cost
- authentic opportunities for salary increases and advancement up a well-defined career ladder.

Staff members, particularly those who must work under the demanding conditions that prevail in most day care programs, are more likely to be motivated and satisfied in their work if they feel their employers are helping them to improve their competence and earning potential. See chapter 13, "Staffing," for more detailed information on developing a well-qualified staff.

Parent Involvement. Providing for and encouraging parent participation are critical to the success of the entire day care program. These aspects of administration are discussed at length in chapter 7, "Parent Involvement."

Community Relations and Publicity. The administration is responsible for interpreting the program to the community as a means to in-

crease community support and understanding, to make local resources more readily available, and in some cases to help attract funds and other donations. When possible, one person should be designated the day-to-day spokesman for the program, although under some circumstances board members should take the responsibility for this role.

Program Evaluation. Responsible administrators will evaluate the program periodically to determine whether it is achieving its goals, and particularly whether—and to what degree—it is effective in stimulating child development and in benefiting the children's families. Evaluation is discussed in detail in chapter 14.

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Chapter 4

Budgeting and Funding

Quality day care is more expensive than most people realize. Naturally, efficiency and careful management will help hold costs down, and donations of goods and services—while still part of the cost of running the program—can help reduce the amount of money required. Nevertheless, a number of studies made in the last several years have failed to turn up one program which was both inexpensive, in cost per child, and good enough to be recommended as an example of quality day care.

The cost of quality care for one preschool child for 1 year has been variously estimated at from $1,000 to $3,000. For infants, costs are much higher; for school-age children they are lower. These figures represent the cost of quality day care as contrasted with custodial care, which is less expensive. Also, there is regional variation in the cost of day care reflecting regional differences in wages, available facilities and resources, food costs, etc. By far, the major cost is for staff salaries. In comparison with salaries, components or supplementary services such as health and parent involvement add little to the cost of the program.

A family of average income might well hesitate to undertake the expense of a quality program. And families who most need quality day care—those who cannot provide adequate supplemental services themselves—are likely to be those who can least afford it.

Despite high costs, however, the hope of quality day care does not have to be abandoned by any community, rich or poor. Of course, those who set out to provide day care services for a community must count on devoting a considerable part of their time to financing and fund raising. In most communities, the economics of day care require both a carefully planned budget and the successful pursuit of funds from more than one source.

Budgeting and funding are tied together in an obvious way—the total of incoming funds must at least equal the total of expenditures in the budget. They are further bound together by the fact that most funding sources—including some parents—will want to inspect the budget before committing any money. A wise planner will find out what the prospective contributor wants to know and choose a budget format that displays that information most clearly. For example, if you plan to offer day care as an agent under contract to another organization, your budget will list the costs of all services provided and will add up to the total fee for the contract. If you are applying to the local United Fund for a subsidy, your budget will usually be made to show the amount of the deficit to be covered.

Family day care needs budgeting and funding no less than a large day care center does. But in practice, most family day care operators have little idea of their real costs and are themselves grossly underpaid.

Family day care is generally considered inexpensive, and the price to the customer is likely to be lower than that of a center. But studies indicate that the cost of care in a family setting and in a center is about the same if the care is of equal quality *and if all costs are considered.* Usually they are not. Family caregivers generally charge something for their time and add on the cost of food and perhaps some playthings. Most of them omit the cost of indoor space, outdoor space, wear and tear on furniture and equipment, transportation, telephone, and utilities. Most are underinsured. As a result, most family caregivers charge so little that what remains after payment of expenses places them—on an hourly basis—among the lowest paid workers. Typical family caregivers net well under $1 per hour for their time, and even this figure is achieved by substantially underestimating some costs and ignoring others. If all expenses were counted, many caregivers might discover that instead of making money they are losing—in effect, subsidizing their own customers.

The family caregiver is subject to several conflicting forces which tend to raise costs and keep income down. Parents want the best available care for their children, but they also feel an economic pressure to shop for the lowest cost consistent with adequate care. Many parents

do not pay for days when their children are absent, even though most costs of the program continue. Day care advocates—professionals in child care and other concerned people—apply pressure to raise the quality of care, despite the consequent higher cost. And many caregivers are reluctant to ask for more money. They feel that they are not really trying to make a profit; that some parents would be unwilling or unable to pay more; and that their first obligation is to continue giving care to the children, without watching the cost too closely.

To many of these caregivers, the pleasures of their work might make it all worthwhile, but they do owe it to themselves to know what their real costs are. Those who hope to make a reasonable wage for themselves need budgeting as careful as that for a day care center and need equal knowledge of the several sources of funding potentially open to them. In this respect, a network of family day care facilities might be able to budget more accurately than individual providers, would have the necessary organization for negotiating fees with parents, and would be better able to handle fund-raising activities.

This handbook cannot make specific recommendations. Both costs and the availability of funds change with time. New sources of funding or new methods of financing day care may become available within the next few years through changes in work incentive programs, the welfare system, or other programs. The intent of this chapter, then, is not to give detailed instructions for budgeting and funding, but to present enough of the basic considerations to help planners make sound decisions according to their own circumstances.

Budgeting

Purpose

The element of cost enters into almost every aspect of the planning of a program. Costs will affect the answers to any number of questions. How many children can we serve? How many children must we enroll in order to break even? Will we need more space, and can we afford it? How many caregivers can we employ? If we plan field trips, what will have to be cut from the program to compensate for the added costs of transportation, fees, and extra insurance? How can we provide a choice of foods at mealtime to satisfy individual preferences? Would it be better to pay a salary to a volunteer staff member who might otherwise leave or to use that money for a larger facility to accommodate more children and receive more income? Such questions should not be decided in dollar terms alone, but the costs of the various alternatives must be considered.

A budget is a tool which can help in the weighing of alternatives. It shows where the program's money comes from and where it goes. It tells how much each part of the program costs, how money spent in one part of the program must be taken away from another, whether there will be enough or more than enough money to operate for the rest of the year, and how heavily the program depends on donations of goods and services. In addition, a good budget is the objective basis needed for setting fees, discussing fees and services with parents, and applying for funds and donations.

Whether the program is in a family home, a center, or is part of a network, the preparation and use of the budget are essentially the same. The budget for a small program may be simpler than that for a large one, but the same elements of cost need to be considered and the same care should be used in preparing it.

Overview: Making a Budget

A budget shows what a proposed program will cost. The first step in preparing a budget, then, is to work out a detailed description of the program.

Consider every major component of the day care operation—space needs, health care, meals and snacks, classroom activities, play, consultants, family services, administration, and so on. Decide how each component is to be provided—in the program setting or elsewhere; by using the staff or outside help; by hiring specialists or consultants on an hourly basis, on a long-term contract, or on a per-job basis; by renting or purchasing equipment; by leasing, buying, or building the facilities. Then determine the cost of each item and calculate totals, with the imputed value of all contributed goods or services included.

Next, compare these figures to those of other budgets for comparable programs to see if your estimates are seriously out of line and, if so, why. Comparisons are usually made on the basis of cost per child. Don't feel that your budget has to be a close imitation of any other—there are countless reasons why it might be different. But where your figures depart widely from the experience of others, you should recheck your thinking and your cost estimates and get a clear

understanding of the reasons for the difference.

Until now, the amount of money available should not have entered the process. It is self-defeating to start with an estimate of funds and then plan a program within that limitation. The program comes first, and the question of raising funds second. A later realistic appraisal of funding may force you to review and change some decisions, but the choice of what to leave out should be made with the aid of the budget—not before it exists. Only when you have determined the costs of the various program components can you rationally decide what compromises should be made in the program to meet the available funds. If compromises are made before the budget is completed, changes may be made which really save little money but which do significantly affect the quality of the program.

Most budgets group all cost items into a number of cost categories corresponding to the major components or services of the program—such as health care, classroom activities, and play. For a program in the planning stage, this kind of budget is most useful because it emphasizes the cost of what is proposed and makes it easier to weigh the alternatives. However, other formats are both possible and useful. Many budgets, for example, group all items of the same kind, such as salaries, maintenance, equipment, and supplies. Grouping by program components is consistent with modern practice in large organizations in which the person responsible for each component or operation helps to determine his budget and then operates within that budget. In later budgets prepared for other purposes, the items to be included and their order may vary.

Fiscal Year

The fiscal year is a 12-month period—beginning at any chosen time—used for accounting and tax purposes. The fiscal year may simply be the calendar year, January 1 through December 31. Many seasonal businesses, however, have their fiscal year coincide with a natural stopping-place in their operations, to help clarify the accounting and make planning easier. A third common practice is to use the same fiscal year as the funding agency.

The Federal Government's fiscal year starts on July 1 and is named for the calendar year with which it ends. Thus, the 12-month period starting July 1, 1973, and ending June 30, 1974, is called fiscal year 1974—or FY 74, for short.

Cost Items

In preparing any budget, two major types of costs must be considered: annual costs and capitalized costs.

Annual costs are actual costs brought about each year during the operation and maintenance of the program, such as staff salaries and fringe benefits, consumable supplies, insurance costs, and interest on borrowed funds.

Capitalized costs enter the budget mainly through the depreciation of the costs of assets which last a long time, such as buildings, equipment, and furniture. *Depreciation* is the distribution of the asset's cost over its estimated useful life by periodic charges to expenses—that is, depreciation allows you to charge a certain portion of the asset's cost as a periodic cost in your budget. Usually, depreciation costs are charged yearly, at the end of the fiscal year.

The depreciation rate—the portion of the asset's total cost which you can charge to each year's budget—is established by tax authorities and varies with the type of asset. For example, buildings are depreciated over a longer period than typewriters because a building is expected to last longer than a typewriter. Because depreciation rates vary widely and because handling depreciation costs is so complex, a qualified accountant should help in setting up this part of the budget and especially in completing tax returns if the program is subject to taxes.

The following items are those found in most family day care, center, and network budgets. The first 10 items are usually considered as annual costs,[1] and the last two as capitalized costs. In a budget organized by program components, each item may appear under each one of the components. For example, staff salaries might be included under each service, especially in a large center. Depending on the particular program, some of the items may be omitted or some may be lumped together, but during the planning stage each one should be considered. For small programs with only one or two caregivers, it may not be necessary to divide each person's time by components. No matter how small the program, however, there should be a clear delineation of how materials and new equipment are allocated.

- *Staff salaries and fringe benefits.* Staff salaries and fringe benefits commonly account for 75

[1] A simplified annual budget for two age groups of preschool children is given in table 4–1. These figures, only rough estimates, indicate the relative costs of different areas.

to 80 percent of the total budget.[2]

Everyone on the payroll should be included. When one person contributes to several components of the program, estimate the fraction of his or her time devoted to each component. However, staff members such as office workers or housekeeping help who contribute to the overall program, rather than to distinct components, should be listed under a distinct category. A day care network or system, for instance, could include most of its personnel under "Administration" if it listed clerical and office workers under that heading instead of dividing up their time.

Fringe benefits are usually estimated at 10 percent of the total for staff services. Benefits include social security, workmen's compensation, health and accident insurance, retirement program costs, unemployment insurance, costs of inservice training, conference attendance, and others that may be granted.

- *Expendable and consumable supplies.* List all supplies used by each component, including paper and other office materials, paper cups and napkins, art supplies, and cleaning supplies.
- *Space costs.* This item includes the cost of renting or using space. Residential rental costs are usually lower than commercial costs. Rent or mortgage and interest payments, utilities, and routine repair and renovation are included, but not start-up, construction, additions, or major renovations. For a family setting, the cost of the residence—mortgage, taxes, utilities, maintenance—should be divided proportionately (prorated) according to how much of the space is used for day care and how much is used as a private home.
- *Insurance and bonding.* Insurance carriers will provide rates for property insurance, liability insurance, and accident insurance, as well as for the cost of bonding personnel who handle funds in large programs or networks. Insurance is usually a relatively minor cost—say, 1 to 2 percent of the total budget. However, in some areas of relatively high risk, the cost of insurance can become a major problem—one which must be resolved before start-up. Those offering family day care should prorate their property, accident, and liability insurance between day care and personal family expense, and should include the extra costs of additional automobile insurance if the caregiver supplies transportation.
- *Communication.* List the costs of installing and maintaining telephone service as well as the cost of postage required for the program. Family operators should determine what portion of the costs of their household services are attributable to the program.
- *Food.* Show the costs for all meals and snacks. Include the number of meals and snacks to be served and the average cost for children's meals and adult's meals. This item should be broken down into personnel costs and nonpersonnel costs.
- *Transportation.* Show the cost of transporting children to and from day care and on field trips if the program provides transportation as a service. Staff travel expenses should be shown if the program pays for them and if they are not included in fringe benefits. A day care network usually pays for the transportation of consultants and resource personnel who visit different settings and may pay for transportation of caregivers who attend training sessions.

Table 4–1.—Annual Costs per Preschool Child[1]

	Age (in months)	
	36–53	54–71
Teachers and aides	$ 985	$ 689
Administrator and secretary	355	355
Rental costs:		
Residential	81	81
Commercial	203	203
Food	184	184
Consumable equipment	42	42
Depreciation	6	6
Maintenance	61	61
Utilities	14	14
Consultants	20	20
Other:		
Residential	60	79
Commercial	53	70
Total		
Residential	1,808	1,531
Commercial	1,923	1,644

[1] Assumes average center capacity of 36 children.
Source: Inner City Fund.

[2] Because of this, changing the ratio of children served by a caregiver dramatically affects the cost of a program. A ratio of one caregiver for seven children (1:7) may cost 20 or 30 percent more per child than a ratio of 1:10.

- *Training costs.* A day care center or a network may require and pay for further training of staff members and caregivers, and networks usually have a babysitting allowance for children of family day care mothers who attend training sessions. The amount of the cost will depend on the training which is available and required. One estimate places training costs at 10 percent of salary cost.
- *Consultant services.* Consultants are not regular employees. They may include the doctor on call, a visiting nurse, teachers for staff training courses, social workers, psychologists, and others. In a day care network, the central organization sometimes supplies consultant services for a fee. A fraction of the fee may be listed as a cost under each component of the program, or the total fee to the day care network may be carried as a separate component under a heading such as "Services from the Central Network." However, the cost of consultants should not be lumped in with other miscellaneous costs and fees, since the amounts spent for staff services and consultants are important information to anyone attempting to evaluate the program.
- *Other costs.* Licensing fees, publicity and public relations, annual audit, and miscellaneous purchased services will be included in most budgets. In a day care network, many of these costs may be assumed by the central organization.
- *Construction, alteration, and renovation.* A new day care organization may have to construct or modify a building for day care, and the individual home used for family day care may need renovation, additions, or alterations—additional exits, bathroom facilities, fencing—to meet licensing requirements. Such expenses can usually be shown as assets and their depreciation listed in the budget as yearly costs. This item may also include other expenses such as building permits and architects' fees. Some day care networks provide a renovation allowance for individual homes which must be altered; the alteration, however, should be listed as a cost and the allowance should be shown elsewhere as income.
- *Equipment and furniture.* Typewriters, desks, chairs, rugs, drapes—almost any long-lasting piece of equipment or furniture needed for the day care operation—can be listed as an asset and depreciated, with the depreciation handled as an annual cost. An accountant should help determine exact depreciation charges for each asset.

In-Kind Donations in the Budget

One way to reduce the amount of money required for a program is to substitute payment-in-kind—goods or services in place of money payments. Volunteer workers and donated materials and equipment can make it possible for a thinly funded program to begin operating. So long as quality standards are maintained, payment-in-kind can be valuable, both as a substitute for money and as a way to promote parent and community involvement.

The value of goods and services received free is an important part of the budget picture. Donations must be given a financial value equal to what they would cost if purchased; carried in the budget under the appropriate program components, but distinguishable from actual money expenses; and explained in a footnote or elsewhere, since anyone examining the budget would otherwise get a distorted picture of the program. If an in-kind donation becomes unavailable in the future, or if the program is to be expanded or duplicated elsewhere, the director or operator will need accurate estimates of the cash value of donated inputs.

Budget Justification

Many people are skilled at "reading" a budget in terms of the implied goals of the organization and the quality of service it plans to offer. In quality day care programs, for example, three-quarters to four-fifths of the total budget usually goes to wages and salaries, and a wide departure from this range may require a reasonable justification.

Justification is the explanation of all items in the budget which may raise questions in the mind of a reviewer or which need additional comment for some other reason. Justifications would cover any unusual items which appear in the budget, any dollar amounts that seem unusually large or small, notes about the financial value given to a donation, and methods used to arrive at certain figures. These explanations are necessary for a careful analysis of the budget and are evidence of the care that has been exercised in developing the budget. Funding sources, in particular, will want to know the details and assumptions behind your figures in order to evaluate your program, its benefits, and the amount of funds required.

Cost per Child

Calculation of the program's cost per child will be useful in comparing costs with other programs and is required by many funding agencies. However, comparisons of cost per child can be misleading, since there are many different ways to calculate the figure. It might seem straightforward to divide the total budget by the number of children served to reach cost per child, but that method overlooks several problems.

How is the number of children determined? You may count either the number of children enrolled or those who actually attend. The choice of method may make a difference of 10 to 20 percent in the final result. What about half-day children? If one child attends the program in the morning and another takes his place in the afternoon, you must decide whether to count one or two children. This choice can make a difference of as much as 50 percent in the final result.

How do you calculate the total cost of the program? In quality day care programs, donated goods and services usually make up about one-fourth of the total resources, and the decision to include or exclude them will make a considerable difference in the cost-per-child figure. Will you include supplements to the regular program—field trips, social occasions, parents' classes, consultants? These supplements often add 5 to 10 percent to the total cost. Do you adjust for price differentials between your area and other parts of the country and for the difference between urban and rural prices? A program in a large northeastern city, for instance, may cost twice as much as a comparable program in the rural South.

Cost per child may be figured on the basis of a year, a month, a week, a day, or an hour. The cost per day is usually calculated by dividing the total costs by the number of child-days of enrollment—not child-days of attendance, since costs continue whether the child attends or not.

Some public funding sources encourage day care operators to over-enroll in order to compensate for the predictable absence rate—at least 10 percent in most programs. Based on this assumption, even if a program over-enrolls, the average daily attendance figure will still fall within guidelines and regulations. Some agencies contract with day care providers on the basis of average daily attendance, and most—including welfare agencies—purchase a certain number of day care slots or positions from a day care provider and pay the provider regardless of whether the slots are filled.

When you apply to an agency for funds, the cost per child of your program should be recalculated, if possible, according to the method favored by that agency. Different public agencies have different guidelines. Whatever the method chosen, it should be spelled out in detail to permit accurate comparison with other cost-per-child estimates.

Funding

Since quality day care is expensive, most programs have to rely on more than one source of funds. While the most obvious contributors are the parents of the children in the program, few parents can afford to pay their child's share of the total cost of a quality program, and some can afford nothing at all.

In setting its fee schedule and deciding whether those parents who are financially able should pay more than their proportionate fee, each program effectively determines what mix of children it will accept. As the fee charged to parents increases, the number of children who will be priced out of the program also increases. This is especially true of children of the middle class and the working poor who cannot afford expensive private programs yet are not eligible for publicly funded day care. The objective of most programs, then, will be to minimize the parents' fee by getting as much funding as possible from other sources.

Public Funds

Most public funds are available to families whose incomes fall below or near the officially defined poverty levels. Some of these funds also give priority to certain families—for example, those involved in work-training programs. Guidelines and information about public sources of funding change frequently, so it is important for day care programs to know about current resources and, where possible, to anticipate changes.

Information about public sources of day care funds is available from such agencies as State offices of welfare, education, labor, and child development, and from the Federal Department of Labor and the Department of Health, Education, and Welfare.

Community Fund-Raising Campaigns

Private philanthropic agencies, such as the United Fund or Community Chest, join in an annual appeal for money. To receive any of these funds, a day care program is usually required to meet a community need and to operate on a nonprofit basis. It may also be required to be incorporated and to meet other standards. Funds are usually granted only as a means to relieve the deficit between annual operating expenses and income from all other sources, and they cannot be used for building programs or other one-time needs. The funds are usually calculated on the basis of days of attendance at the program, rather than on operating expenses of the program.

Individual Fund-Raising Campaigns

Some day care organizations undertake their own campaigns to raise money. They may sponsor bake sales, car washes, book sales, dramatic performances, or social occasions; or they may charge membership dues or issue letters of appeal. These efforts usually have limited success. Unless run by a group with considerable experience, the project may actually produce expenses higher than the income.

Endowments and Other Property

Very few day care programs are lucky enough to have endowments or income-producing property. For those few, sound investments will provide funds which can help the program but can seldom support it entirely, especially since costs continue to rise.

Grants

Many foundations and organizations make grants to education and child welfare programs that provide a unique service, such as day care for children of adolescent unwed mothers or of migrant workers, or day care for the physically handicapped. Applying for such a grant is frequently a long, complicated process and usually involves submitting a detailed proposal and a budget. Details differ widely and should be obtained from each organization or foundation separately.

In-Kind Donations

Gifts of goods or services are frequently available in the community, especially if a day care organization uses good advertising and public relations techniques to inform the community about its program, and is willing to make public recognition of donations. Local merchants may donate furniture, toys, books, kitchen equipment, or art supplies; eating establishments may give cups or napkins; furniture stores may donate carpet remnants. Collection boxes in public areas, if well-publicized, may bring in many kinds of equipment and supplies. A corporation, church, or university may be willing to donate rent-free space. University students will frequently contribute their labor, especially when the experience helps to meet their requirements for such courses as children's literature, design of play equipment, or teaching. Many professionals in the community may donate their services as resource people to help train day care staff or to work with families. Finally, family members may be able to make significant donations of work by making or maintaining equipment, serving as teacher aides, helping with meals, or providing transportation.

Fees from Parents

Setting the fee which parents are to be charged is usually touchy. The fees must be set high enough to make up the difference between total expenses and the funds available from all other sources—which puts pressure on the day care organization to use all sources of funds to the utmost. An organization serving the community must try to keep its fees as low as possible, since those who need day care most are often those who can least afford it.

Some forms of day care solve the problem simply. In proprietary centers or family care homes run for profit, parents' fees are set to cover all expenses. Only those who can afford the cost receive the service. Some cooperative programs are run and staffed by parents who donate their labor in return for care of their children, and parent fees meet the actual cash expenses, which are minimal.

However, in most high quality nonproprietary programs, the setting of fees is controversial. Because of the very high cost of quality day care, available public funds are far from sufficient to provide care to all those who need it. Obviously, parents must pay part of the cost. Most people agree that the fees paid by parents should be in some relation to their ability to pay without real hardship. But the process of setting the fee to be paid by each family can cause misunderstanding and resentment.

In some cases, a welfare worker and the parents may study the family's total budget in detail

before setting the fee. While such a budget study may help the family, it may also seem an invasion of privacy. Another disadvantage to this method is that the day care program cannot plan in advance how much income it will receive from parents.

More frequently, parent fees are set by some form of sliding scale. Fees range between a minimum—sometimes set at zero—and a maximum, which may be set at the actual cost of the care. Between these extremes, the fee for each family is set on the basis of family income. A number of other factors may be considered at the option of the organization. Sometimes net income is the basis rather than gross income. Sometimes the number of children and other dependents can be applied to offset income, or costs of training and education may be deducted. Most programs continue to charge the fee when the child is absent, either in full or at a reduced level, reserving the child's place in the program, but sometimes the fee may be waived.

A sliding scale, or any similar device, always carries the possibility of resentment and controversy by families who feel their fees are too high or by those who feel that the process attacks their dignity or their privacy. These negative feelings may become a critical problem, particularly in communities with a wide range of income. A high level of parent involvement in the program will help to improve understanding and maintain balance.

The caregiver who operates a family day care program is in a poor position to consult and bargain with parents about fees. Moreover, the use of a sliding scale of fees is probably not feasible in a program with only two or three clients. But if the family care program is part of a network, the central organization can deal with the families, use a sliding scale, collect fees, and reimburse the individual caregivers.

The director of a center or network, as well as all those engaged in recruiting families, should make sure that all staff members and all parents have a clear explanation, in writing, of the fee-setting procedure—preferably with tables which will permit each family to verify the fee it pays and foresee changes. All parents, from their first contact with the organization, should be made aware of the fee structure.

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Chapter 5

Licensing and Other Forms of Regulation

People entering the day care field are often surprised to learn that every State exercises some control over day care through licensing and other forms of regulation. The person who simply wants to provide care for neighborhood children without a lot of redtape may regard such control as an unnecessary burden. Complying with State and local regulations exacts a considerable toll in time, energy, and sometimes money; and, in some States, the process seems far more complex and time-consuming than necessary. Despite the problems, regulation of child care is a good and necessary precaution which works in the interest of children, parents, caregivers, and the community.

Regulation is basically an act of public intervention to protect people against identifiable risks. In principle, regulation is justified when the risks are real, when the protection is effective, and when the regulations safeguard without imposing unnecessary hardships on those who are regulated.

This chapter briefly discusses the development and present state of licensing and other forms of regulation, and offers some practical information that may help caregivers get through the licensing process more easily.

The Development of Day Care Regulation

Regulation in the child care field, as in many others, began as a response to serious abuses. In the late 19th and early 20th centuries, the number of public and private institutions and homes for children increased in response to growing urbanization. These institutions gave little attention to the qualifications of their caregivers and were characterized by poor sanitation, poor nutrition, poor housing, and inadequate medical care. Early regulation was mainly concerned with the basic physical safety of the children in these homes and was directed at the gross shortcomings of the facilities.

Not until the early 1960's did States begin to regulate day care through actual licensing. Prior to this, a maze of safety and sanitation laws served as regulation. Like these old-time laws, most regulation today appears to be oriented more toward physical facilities and safety than toward the professional qualifications of the caregiver. However, the licensing laws are broader than most in their coverage and include staff qualifications and program.

While all States now regulate day care to some degree, few present practices are wholly satisfactory. There are many gaps in the coverage, such as the lack of regulation for certain types or sizes of institutions—for facilities operated for only a few hours a day or for facilities at recreational or shopping centers. In some cases, the building safety regulations were written for other institutions and later extended to day care, thus often forcing day care facilities to meet unnecessarily rigid requirements.

Wide differences among the various requirements, statutes, and recommendations in different States are an added source of confusion. There are generally three kinds of standards which can be applied to day care.

- One set of standards—the licensing requirements—represents the basic floor of protection for all children in day care, a level of quality a day care program should meet in order to be permitted to operate.
- Standards required for public funding represent another, higher level of quality which a public agency sets as a condition for subsidy.
- Standards for voluntary accreditation represent a third level of quality, a set of model standards which are the ceiling of quality, to be continually raised over time.

Each of the different forms of regulation discussed below will fit loosely into one of these categories.

Present Forms of Day Care Regulation

Licensing

Licensing is a form of regulation in most States by which the State or a local agency sets and enforces certain minimum standards which day care programs must fulfill before being allowed to operate. Day care licensing has two major goals:

- to prevent foreseeable dangers and eliminate or reduce hazards
- to encourage and support a nurturing environment.

Zoning

Municipalities set zoning regulations which restrict the uses to which land may be put. Since large-scale day care, a relatively recent development, does not comfortably fit into most zoning codes, day care facilities may be zoned out of neighborhoods where they are needed or may be forced to meet unrealistic standards. In a few municipalities, family day care is treated for land use purposes as a residential home, and center day care is considered similar in land use to a small school. However, in most communities, zoning has proved one of the most serious factors inhibiting the growth of day care.

Building Safety

Both State and local laws regulate matters of building safety, including sanitation, fire, and occupancy. These regulations apply to both public and private day care facilities.

Incorporation

Every State has laws governing corporations. Many States require day care organizations to incorporate before they can be licensed, and most advise any group planning a day care operation to incorporate for their own good. Incorporation ensures that someone is responsible and accountable for the acts of the organization and, at the same time, protects individual members by limiting their personal liability.

Administrative Procedures Acts

All States have administrative procedures acts or other similar provisions, which protect those who are regulated against improper procedures or abuse of authority by the regulating agent. Every licensee, every applicant for a license, and every operator subject to day care regulation should be familiar with these provisions in his or her own State.

Federal Requirements Tied to Federal Funds

All day care facilities which receive Federal funds are required to be licensed or to be approved as meeting the licensing standards of State and local agencies. In addition, a set of Federal day care requirements has been developed for all agencies receiving Federal funds. These requirements state, among other conditions, that the facility must also meet State and local regulatory requirements.

Regulation Through Purchase of Care

Many public agencies provide day care by contracting individual day care operations. In such arrangements, the agency prescribes the standards to be met.

Proposals and Accounting Systems

Officials of both public and private agencies sometimes try to discourage incompetent or unscrupulous operators by requiring highly detailed, professionally prepared funding proposals or complex accounting systems. Many small groups may plan high quality services but may lack the expertise needed to qualify for funds. Most day care programs need several sources of funds, and most funding agencies require that their funds be kept separate from others. This results not only in an accounting system so complex that it becomes an obstacle to providing day care, but sometimes in the segregation of children by category and a fragmented program as well.

Administrative Supervision

Agencies of the State government exercise this form of control over local governments. For example, a State welfare agency which provides day care services may control local welfare operations by setting program objectives and standards, reviewing performance, and requiring local agencies to discontinue operations which fail to measure up.

Approval of Facilities by Parent Organizations

Many day care facilities, both family homes and centers, are operated as parts of a larger public or private agency. Rather than license each facility in such a system separately, some State licensing authorities permit the parent agency to become licensed and to inspect and be responsible for its own facilities. The State, of course, can still check records and visit any day care facility.

Voluntary Agency Accreditation

Accreditation means that a day care program has received some sort of "seal of approval" from an organization known both for setting high standards and for helping programs to meet them. A day care operator may voluntarily seek the accreditation of a national agency such as the Child Welfare League of America or of an accreditation system developed at the local, State, or national level. The operator is committed to meeting the high standards of the accrediting organization and, in return, receives public recognition for operating a model program.

Staff Credentialing

This method is more an attractive possibility than a current form of regulation. Although the staff is the most important element in quality day care, there are presently few requirements for education or experience to be met by caregivers, other than those each program sets for its own staff. Obviously, any standardized credentialing system based on academic performance alone would be senseless. Such a system would exclude many, if not most, present caregivers who are competent but without formal academic degrees. A method which is both effective and realistic is needed to regulate staff quality. The Child Development Associate program, which is discussed in chapter 13, offers one possible approach.

Regulation of Family Day Care

Most family day care is informal and unorganized, with arrangements and payments handled directly between parents and caregivers. Many family care homes operate for several years, but others operate for only brief periods. These factors make it extremely difficult to enforce licensing and other regulatory requirements, or even to inform all caregivers that these requirements exist.

Moreover, since many of the present safety standards have been written for large institutional facilities, they would almost automatically rule out most potential day care homes if they were rigorously applied. For example, many fire codes insist on two exits from every room occupied by children. Since few private homes meet this condition, strict enforcement of the code would make expensive renovation necessary in order to provide day care in the home. Beyond these difficulties, most licensing agencies now carry work loads so heavy that they could neither handle the additional burden of licensing every family day care home nor stand behind any guarantee of minimum basic protection.

It has been estimated that only about 10 percent of all children in day care are in centers, while approximately 90 percent are in some type of family home care—either in-home care, family care, or group family care. Probably 90 to 95 percent of the centers are licensed, but only about 5 to 10 percent of family care homes are licensed or approved as meeting licensing standards. The obvious conclusion is that, by far, the greater number of children in day care are not effectively safeguarded by the law. Present codes and procedures will have to be modified if licensing is to be an effective means of regulating family care homes. Currently, there is much discussion among those concerned with day care about how to best regulate family care homes.

Appropriate Goals for Regulation

To be effective, standards must be realistic. Licensing standards should set a basic, but feasible, floor of protection; funding standards should designate a level of quality appropriate, yet worthy, of public funding; and model standards should set goals which can be continually raised and to which all programs can aspire. Since poor communities, working-class communities, and wealthy communities all need child care, the real challenge is to provide standards which insure—within the limits of available resources—both adequate basic protection and incentive for an always higher quality of care.

In most States, the process for formulating day care standards is open to the views of licensees, parents, professionals, and concerned citizens; and in some States, advisory committees have been established as a channel for such views. In practice, however, most groups and individuals ignore these opportunities. Those concerned about quality day care should not only know the current standards, but should also understand and use the mechanisms available for their review and revision. The providers and users of day care, especially if organized, can significantly influence regulatory standards and can help make them more specific, reasonable, and responsive to community needs.

Ideally, regulation has three basic tasks:

- to set a minimum standard for safety, both physical and psychological, to protect children and their parents from inadequate programs
- to develop fair and specific measures for judging the quality of child care
- to facilitate the expansion of quality child

care services to meet the growing demand. Licensing agents should help day care operators to secure licenses by helping them meet licensing requirements—which are seldom very stringent—as well as the many other regulatory laws, particularly zoning, building safety, fire prevention, and sanitation.

Much of the current regulation tends to restrict, rather than facilitate, the development of day care as an institution. For example, there are many day care programs forced to secure bits and pieces of funding from many different sources, each having different requirements; there are zoning codes which treat day care as a special problem to be carefully controlled, rather than as a resource needed by an ever-increasing number of families, and which ignore the desirability of day care near the homes of those families it serves; there are safety standards designed essentially for schools, hospitals, and auditoriums which are far more strict than those imposed on the children's own homes; and there is redtape beyond the ability of most nonprofessionals to untangle.

A model for regulation is needed which will both encourage the development of day care and upgrade its quality within the limits of available resources. Such model regulation might include:

- the uniform placement of safety standards under either the public safety laws or the licensing authority, or some means of helping the licensing worker and the building inspector work together effectively
- some way for public and private groups to help develop licensing standards and to help revise them periodically
- a system of staff credentialing and support for appropriate training within funding requirements
- several forms of public or private accreditation, each with a consulting service and each with high standards which could regularly be raised
- provision for adequate staffs for licensing offices
- enforcement of funding requirements for publicly funded programs.

Facts of Current Day Care Licensing

In qualifying for a day care license, an operator should (1) get to know in detail all the applicable State and local regulations before taking any action, and (2) start early, since the time required to complete the regulatory process may be long.

The steps involved in obtaining a license vary from State to State, and in most States procedures differ for licensing day care centers, family day care homes, and often for group day care homes as well. Many of these procedures—especially for licensing a family day care home—are currently being reexamined and changed. To learn the procedure needed to qualify for a license in your particular community, contact the licensing agency—usually the State or local office of the department of welfare, sometimes the department of health, or a new office of child development.

A general outline of the licensing procedure is listed below. While no general statement will apply to every situation, these steps are typical of a large number of States and may give some idea of the time and effort needed to obtain a license.

- Locate your licensing office. Here, find out about the licensing requirements and other requirements which have to be met.
- Get an informal appraisal to learn if your building can meet building safety and fire codes.
- Submit floor and building plans to city hall for zoning approval. Is the location zoned to permit day care? If not, a public hearing may be needed to obtain a special permit.
- Submit floor and building plans to the city hall building inspector, sometimes to the fire department as well. The inspector will visit the facility and may issue a building permit if it is new or remodeled.
- If the building meets both State and local fire and safety codes, the inspector will issue a building safety certificate.
- Contact the local health department to learn if the building meets State and local sanitation requirements. When these requirements are met, you can apply for a license.
- Contact the licensing office once more. A staff member will visit your facility to check requirements and make recommendations. If all requirements are met, you will receive a license.
- The licensing staff will visit regularly to make sure that standards are being maintained. At this point helpful consultation can be given if the operator asks for such advice.

In estimating the time that may be required to become licensed, remember that the above list shows only those steps performed by the applicant; tasks performed by the State and local agencies may cause additional delays. Typically, the most serious delays are caused by the lack of

coordination among different agencies acting under different statutes. The problems involve a lack of understanding among the various State and local agencies about the exact interpretation of existing standards. Other delays are caused by the applicant's lack of finances—particularly of capital needed for renovations to meet fire and health codes—or of needed information. And finally, as was mentioned before, most licensing agencies do not have enough staff to keep up with the increasing volume of applications or to help applicants through this quite complicated system.

While the procedure can be long and involved, many State licensing agencies offer kits of information and other kinds of help to applicants. Other help may also be gotten from caregivers who are already licensed. But the state of regulation in general is far from ideal. For those entering the day care field, four points deserve special emphasis.

- First, if you are planning to start a day care program, do not underestimate the time and effort needed to obtain a license.
- Second, remember that some form of regulation is indispensable to the welfare of children and their families and, at present, licensing is the most important form of regulation.
- Third, licensing laws and standards can be improved through the active participation of caregivers, both individuals and organizations, who can offer practical advice to those responsible for reviewing and revising State and local regulations.
- Fourth, the public must persuade the States to give priority to day care, to employ more and better-trained staff in licensing agencies, and to help operators through the maze of regulatory laws and requirements.

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Chapter 6

Facilities

The physical setting of a day care program is the product of compromises and adjustments. It is doubtful that any existing program has an ideal facility—not only because of cost limitations, but also because there is no completely satisfactory way to reconcile program goals with a setting's physical limitations. For example, the best-equipped building may not be in the best location; or an otherwise excellent facility may be uncomfortably small for the number of children enrolled; inadequate transportation may mean relocating to a noisy, congested area near main traffic routes; while the home of a warm and experienced family caregiver may lack completely satisfactory outdoor play space.

The philosophy of the day care program can place further limitations on the facility. A program slanted toward exploratory free play, for example, may require isolated areas for individual activity at the expense of equally needed space for more structured group activities. Or a program with the goal of grouping children of different ages may need an inconvenient arrangement of rooms to permit younger children to nap while older ones play or may have trouble selecting equipment which will be neither stifling to older children nor too advanced for younger ones.

Obviously, suggestions for day care facilities which might be perfectly appropriate for one program might be totally useless for another. One requirement, however, must be met by every day care facility: it must be a safe and healthy environment for children.

Every child care program should have a facility suited, as closely as possible, to its personal characteristics—to the number of children enrolled, to the unique qualities of both these children and their caregivers, and to the specific philosophy followed. The purpose of this chapter is to outline the many factors and considerations which enter into facility decisions, such as the location and type of building for a center, environmental criteria for the setting, and the planning and use of both indoor and outdoor spaces. Considerations in preparing a private home for day care are dealt with separately, even though many of the same factors apply.

Center Facilities

Location

The ideal location for day care—whether a center or a family home—is in the neighborhood of the children served. Location can make or break a day care program for several reasons.

- Many families cannot or will not transport their children long distances each day.
- Transportation provided by the program will be expensive.
- Public transportation is frequently undependable or inadequate.
- Transportation is more difficult in the winter when attendance may drop off sharply if children have far to travel.

Day care programs at the parents' place of work demonstrate the importance of good location. Since such programs are located in industrial areas, often far from the homes of working families, they almost always involve traveling long distances. Even where employers have attempted to establish free child care at the work site, parents often choose day care closer to home to avoid exposing their children to rush hour traffic and long daily rides.

Most children spend long hours in day care, and time spent traveling to and from the site adds to their fatigue. Walking distances should be short enough not to tire children who have already spent an active day away from home, and transportation by bus or car should be no longer than about 15 to 20 minutes.

Yet, for certain localities and for programs serving specific populations, neighborhood day care is impossible. Rural programs and programs for exceptional children—even those in large cities—serve families who are scattered over a wide area. For these children, time spent traveling to and from day care is necessarily long.

When long distances cannot be avoided, transportation in private cars is best. If this is

impossible, transportation should be furnished by the program. Everything possible should be done to make the ride pleasant and relaxing and to minimize the traveling time for each child by using several small vehicles instead of one large one. Public transportation, the third alternative, can be inconvenient and may require another compromise on location: the facility would have to be near transportation routes, even though it should be as isolated as possible from the noise and potential danger of major streets.

In urban areas, an ideal location would be removed from the noise, congestion, and dirt of large populations and industry. No location will be perfect. For parents living in a city, some compromise is necessary between the desire for day care close to home and, at the same time, removed from safety and health problems. Choose a location where traffic hazards can be controlled, and where noise and dirt can be minimized in both indoor and outdoor areas.

Many communities have a master plan for development. Information from this plan can be used to map present and future concentrations of children and the locations of children's services—such as schools and medical programs. The map can help indicate the areas where day care centers are most needed. While information on existing family day care programs will probably be sketchy, the master plan can help show where family programs may be needed in the future.

Type of Building

The type of building will affect the day care program, encouraging some kinds of activities and limiting others. Ideally, the building should be chosen or designed specifically for the program, though few programs have the funds or the range of choices necessary for an ideal facility. The choice usually requires balancing the goals of the program against the available alternatives.

The type of program planned will determine the building's size, layout, and equipment. For example, the requirements for a program offering only daytime care differ from those of one that also offers nighttime services. A program that emphasizes freely chosen activities should have a building which permits maximum freedom to the children, a minimum need for adult surveillance, and ease of cleanup and maintenance. And a program that serves handicapped children will probably need more space for equipment, for smaller groups of children, and for more staff members per child, as well as such special features as ramps for wheelchairs.

Climate is also an important factor: if the weather is cold or wet for much of the year, the children will need more indoor space and equipment than if it is usually warm and sunny.

Although day care in new facilities is ideal, most programs are housed in renovated buildings. Since the cost of renovation can vary from minor to prohibitive, at least two or three estimates should be obtained from architects or contractors before deciding on a building. Some granting agencies will not reimburse day care operators unless they can demonstrate that they have paid the cheapest price.

In general, the building chosen should be structurally sound, big enough for the program, with rooms of usable size and shape, and with wiring, plumbing, and heating in good condition. In such a building, repair and renovation are likely to be minor.

Major renovation can use up large amounts of money that may be needed more urgently for other aspects of the program. It is rarely wise to choose a building, no matter how attractive in other ways, that has faulty plumbing, electrical, heating, or air-conditioning systems or that needs major relocation of walls. Any serious structural deficiency should rule out the building automatically. Don't worry about nonstructural problems—such as peeling paint (unless it is lead-based, which must be completely removed), cracked linoleum, or broken windows—since new wall and floor coverings, guards on windows and doors, crash bars on doors for quick exit, and minor changes in partitions are relatively simple and inexpensive.

If costly renovation is required only to meet building codes and does not affect the health or safety of children, a waiver by the licensing agency may be possible and should be explored.

Different types of buildings which may be available for renovation have characteristic advantages and problems.

Old houses are frequently available in good locations, are usually subdivided into useful spaces, may have duplicate kitchen and toilet facilities and ample plumbing, often have good outdoor play space, and provide a homelike atmosphere. However, unless it is very sound, an old house can be expensive to renovate.

Multipurpose buildings—such as apartment buildings, churches, settlement houses, and community centers—usually offer savings in

utilities and renovation and are often located in the children's neighborhood. Space on the ground floor should be used, if possible. The day care program should have separate entries and exits and, if possible, should have sole use of the space to avoid distractions and time wasted in moving furniture and equipment. Possible disadvantages include noise from other occupants, the inconvenience of being too near to other activities, and the difficulty and expense of making major changes in the space.

Schools are sometimes able to spare a few classrooms and other space which will probably be arranged efficiently; plumbing and other equipment is likely to be adequate and designed for children; and cross-age contact is readily available. Disadvantages include noise, the distraction of nearby activities, possible complications about scheduling to use shared areas such as a playing field, and the institutional setting.

Store-front or shopping center locations place children at the hub of activities, usually in their own neighborhoods. Disadvantages are noise and other distractions, traffic hazards, and usually a lack of outdoor play space.

Industrial, university, and hospital locations are often near a parent's place of work and may allow for shared lunches and visits. Potential disadvantages include long travel time and the possibility of hazardous or unpleasant industrial environments.

Environmental Criteria

Environmental criteria indicate how space is used—that is, the *qualities* of the facility as a setting for children. (These are different from the physical qualities—the amounts and arrangements of space—which are discussed in the following sections.) Differences between a day care home and day care center are obvious and important. Both have advantages, and there is no reason to try to make a home look or function like an institution or to pretend that a center is really a home.

A day care center can be designed to be comfortable, safe, and stimulating for children, and to serve as a catalyst in enhancing contact between children and staff. It can also provide an environment in which the doors, floors, walls, and furnishings themselves provide opportunities for learning. Complicated or subtle design in centers is desirable but not essential, and is usually not practical. The cost of such design must be weighed against its benefits. What counts most is safe, economical, and easily maintained space, a skilled staff, and a sound program. Given this basis, day care can function well, and the staff can gradually improve the setting as resources permit.

Lighting. Each room needs adequate glare-free lighting. While daylight should be used as much as possible, artificial lighting should be sufficient to do the job alone. In new construction or major renovation, provide as many windows as possible which should be low enough to let the children see out. In nap areas, windows will need shades or curtains.

Climate Control. Rooms used by children should have either windows that open to provide fresh air or adequate ventilating systems. Heating systems should be able to maintain room temperatures of 68° or 70° F at the level where children's activities take place—that is, at or just above floor level. No rooms occupied by children should be overheated, and all drafts should be eliminated. In hot climates, air conditioning is desirable.

Sound Control. A low level of background noise can be pleasant; a constant high level is distracting and fatiguing. Noise from outside the facility can be reduced with sound-absorbing material on ceilings, walls, and floors; carpeting and draperies, for example, absorb sound from both outside and inside. The distraction of indoor noise can be minimized by separating noisy activities from quiet areas and by using dividers.

Walls and Floors. Wall and floor coverings can add variety in color and texture to the environment. Painted surfaces should be light in color and nonglossy *(though paint must not contain lead)*, or walls can be covered with heavy-duty washable wallpapers which are colorful and easily maintained. Bulletin boards placed at children's eye level are good for displaying art work.

Since many children's activities take place on the floor, floor coverings should be pleasant to touch, easy to maintain, resilient, water resistant, and quiet. Rugs or carpeting should be used in quiet areas, and different floor coverings can provide boundaries for different activity areas. Both bare wood floors that have a tendency to splinter, and hard, cold, and noisy floors such as concrete and terrazzo should be covered indoors.

Doors. As required by most States and localities, doors should open outward from rooms occupied by children. Door knobs used by children should be placed within their reach and crash bars installed when required by fire codes. Locks should be childproof—yet designed so that an adult can free any child locked in a room. If constructing or renovating, make doors wide enough to pass cribs and other wide objects. Omitting door jambs will make moving such equipment easier.

Storage. Storage space, which is different from display space, should have doors—and locks and keys when there is any reason to keep children out. Supplies and equipment should be stored as close as possible to their point of use. Portable shelves or bins on casters are convenient for shifting activity areas and for dividing one area from another, although built-in storage is usually more sturdy and economical.

Safety. While complying with licensing and code regulations will help eliminate most hazards, some safety points deserve mention here.

- Ground-floor facilities are much safer and usually more pleasant than basement or upper floor space.
- A telephone should be available to the staff.
- For each room occupied by children, try to provide at least two doors which open outward.
- Furnace and heating equipment should be isolated from the children and screened or insulated to prevent burns and the possibility of fires.
- Water temperature should be controlled by a thermostat and permitted to go no higher than 120° F.
- Use only flame-resistant or flame-retardant drapes, furnishings, and decorations.
- All glass should be safety glass or clear, unbreakable plastic—especially when used in doors or large windows.
- Windows should have adequate protection—such as sturdy screens or safety latches—to prevent children from falling out.
- Eliminate splinters and all sharp corners, and repair all breaks immediately.
- All paint must be free of lead.
- Storage space for cleaning supplies, medicine, and other potentially dangerous products and equipment should be securely locked and out of reach of children.
- Outdoor play space should be fenced and should have a gate that can close and latch.
- Driveway and parking areas should be isolated from children except when they are under direct adult supervision.
- In play areas, elevated platforms and equipment should have railings; permanent equipment should be sunk in concrete to a depth of 18 inches underground; swings should have plenty of room around them; boundaries should separate areas used for running and jumping from those used for quiet play; and balls should always be kicked or batted away from other groups or individuals.

Indoor Space: Playroom

Size. Rooms need to be large enough for active play and a feeling of openness, but not so large that children feel lost or threatened. A playroom needs *at least* 35 square feet of usable space per child (not including storage areas). Fifty square feet per child is preferable. In larger programs, it is usually useful to have a room that is big enough for 15 to 20 children, but the size of the group should not be increased just because a big room is available. Smaller rooms are useful for specialized activities and when children require more quiet, individualized, or structured activities.

In a center, it is important to have spaces which are comfortable for different size groups. The size of a group should vary with the activities and the children's developmental level. There are times when the desirable size is one—a child privately occupied; at other times, the desirable size may be five children—watching, for example, as the caregiver demonstrates how to weave; or sometimes, 15 or 20 children can be quite comfortable, as when they are listening to a story or watching TV. What is important is flexibility in grouping, appropriate to different activities, needs, and times of day.

Spaces can be adapted and arranged quite easily. With low dividers—such as equipment, storage shelves, or erected partitions—a large, airy room can also include spaces for small groups and private activity. In a small room, elevated platforms will increase the usable square footage and can function as stages or interest areas, while space beneath can be used for storage, games, or private hiding places.

Shape. The shape of a room can affect the activities in it. For example, a long, narrow room encourages children to run and slide. Its tunnel-

like appearance—if it is undesirable—can be minimized by placing interest areas at each end, by arranging equipment to break up straight pathways, and by conducting activities in the center of the room.

Interest Areas. Clearly defined areas should be arranged to encourage particular activities such as block building, art work, housekeeping, table games, sand and water play, dress-up play, and rest. The equipment in each area should be arranged to invite exploration and to help the child make choices. Quiet activities should be grouped in one part of a room, noisy ones in another, and messy indoor activities where floors and walls are easy to clean.

Equipment and Supplies. In general, simple and versatile equipment—blocks, boards, boxes—will stimulate a child's imagination more than complicated, single-purpose pieces. All equipment and furniture should be durable, safe, and of a size and weight suitable for children. Tables and chairs of two different heights will usually be needed to make all the children comfortable. When sitting, a child's feet should touch the floor, and he or she should not have to reach up to use the table top.

Equipment and supplies should be accessible and attractive, and ample storage and display space should eliminate clutter. Stocks of paper, paint, clay, and other supplies should be kept on hand so that children will not have to stop an activity because of materials running out. However, it is better to reduce the variety of things available and rotate them periodically, since too much equipment on display at one time is distracting and creates confusion.

Indoor Space: Kitchen

Kitchen size and equipment will depend on the number of children served, the type of program, and the type of food service. If the program does not require meals, a "snack kitchen" with a refrigerator-freezer, storage space, utensils, and a hot plate will provide snacks as well as some educational cooking experiences for the children. If meals are prepared in an outside source, the day care site may need only a "satellite kitchen" with warming ovens, refrigeration, serving equipment, and dishwashing facilities. But if full meals and snacks are to be prepared at the site, a full range of equipment should be installed—refrigerator, freezer, stove and oven, dishwashing equipment, cabinets, and storage areas. Whatever the type or extent of the food service, kitchen equipment must comply with local health and sanitation regulations, and the kitchen should be separate from the dining area, though close enough for convenient serving and cleanup.

Indoor Space: Toilet and Handwashing Facilities

Ideally, all equipment should be child-sized and available to children at all times, and both indoor and outdoor toilets should be provided. Very few programs are able to provide outdoor toilets, however, and preschool children usually do quite well in standard adult facilities which they use at home.

Preschool programs should have at least one toilet and sink for every 8 to 10 children. While separate facilities for boys and girls are not necessary, adults' toilet facilities should be separate from children's. Toilets for preschoolers are ideally 11 inches high. If adult-sized fixtures are used, platforms or small benches on which the children can stand should be added. A bathtub is a special convenience for daytime programs but may be more necessary for nighttime care. Tubs, toilets, and washbasins need traps to permit easy removal of clogging objects such as sand, toys, and paper towels.

The facilities should have easy-to-clean walls, floors, and fixtures—bare concrete and unfinished walls should be avoided. Mirrors, paper towel holders, and hooks should be within easy reach of children, and paper towel dispensers should be located away from toilets. Bright colors, varied textures, and good lighting and ventilation will make the area more pleasant.

Indoor Space: Other Areas

Entry Area. It is useful to have an area where children can make a transition from the outside, where they can say goodby to their parents and can see what is going on inside before plunging into program activities. Here, each child should have a hook or cubbyhole for outdoor clothing, and there should be separate space for adults' coats. This area should be pleasant—perhaps decorated with children's art work or flowers. If space permits, it may contain comfortable chairs and tables where parents and staff can talk informally over coffee.

Nap Area. Every preschool program of a half day or longer needs nap facilities. If space and money permit, a separate room where cots can remain set up is most convenient; if not, stack-

able cots can be distributed in the classroom or playroom. In either case, lighting and noise should be controlled. Before buying or renting cots, bedding, or storage racks, be sure to check State and local health requirements for bedding and rest facilities.

Adult Areas. The amount of space needed for adults depends on the type of program and on the degree of parent involvement and other community functions which take place at the program site. Even a small program with a small staff needs a place for staff members' personal belongings, an office with desk and file space, an adult rest room, and at least one room available for parent conferences and small meetings. In addition, adults who work closely with children for long hours need a place for privacy and relaxation. Depending on the size and scope of the program, additional space may be needed for more offices, a conference room, a staff lounge, an observation room, or community areas.

Many programs have a small room for parents near the entry area which they can use when they bring or pick up their children or when they visit. This room helps make parents feel more welcome, especially if coffee is available and if they can talk with staff members here.

Health Care Area. A room for isolating sick children should be separate from activity areas but not so far away that the sick child will feel lonely or that supervision will be difficult. This room should be pleasant and bright and should have a cot or bunk and access to toilet facilities. First aid equipment and medicine can be stored here under lock and key, and the room can be used for examinations, immunizations, and other medical activities.

Utility Room. A place is needed to store cleaning and maintenance equipment, heating and air conditioning units, and perhaps a washer and dryer. This room must be separate from the kitchen and should have a door with a child-proof lock.

Outdoor Play Areas

Outdoor play space should stimulate imaginative play and allow children to exercise large muscles and to play together in groups or individually. Weather permitting, many indoor activities can be moved outside: large-scale painting makes little mess outdoors; housekeeping and dramatic play can benefit from a setting of bushes and trees; while outdoor music, dancing, marching, or storytelling—or even a nap under a shady tree—can be a new and rewarding experience for many children.

Space. Though the group may take an occasional field trip to a nearby park or farm, play space for everyday use must be attached to the building. A play area of at *least* 75 square feet per child—the required minimum space in many States—should be located next to or around the day care building. Many caregivers, however, consider 200 square feet per child the *minimum* for really active play.

The area should be surrounded by a fence at least 4 feet high to prevent children from straying into the street and encourage them to use the entire area. Trees or awnings should be used to provide ample shade and encourage outdoor activity on damp days. The area should be well drained, and surface material should be appropriate for the activities in the area: sand, bark, or soft mats under climbing equipment; grass in a large game area, but not in a small one; and pavement where tricycles and riding toys are intended. Indoor-outdoor carpets provide a soft and durable surface, but may take a long time to dry out when wet. Different areas can be bounded by different surface materials or by railings, bushes, or high curbs—but never low curbings which can make running children stumble. An outdoor water fountain and toilet facilities are nice conveniences.

Outdoor Equipment. In equipping outdoor play space, emphasize simple, multipurpose equipment which will allow children's imaginations free play. Thus, a mound with a tunnel can be a toll booth one day, an igloo the next day, and a grizzly bear's cave the third. A structure large enough for several children to climb at one time can be a mountain, a boat, or a jungle; with the addition of planks, it can become a building with many levels. Single-use equipment and apparatus that requires children to take turns become frustrating and monotonous.

Dirt, sand, and water are natural outdoor playthings which strongly appeal to children. Shovels, buckets, and wagons add to the fun. Outdoor landscaping may function as equipment of a sort—bushes can be arranged to form raceways or hiding places; hills with large pipes running under them provide crawling space; and large tree trunks and rocks encourage climbing. A collection of boards, barrels, hollow cartons, tires, and other materials will permit children to

build huts or houses which can be used for play, then dismantled and rebuilt.

When buying equipment, it is important to remember that there is no public or private form of regulation which assures real safety. Some equipment for children is actually dangerous—there are swings that can swing off, slides that have sharp edges, climbing equipment that is unsturdy, metal pieces that rust, and so on. Make sure that equipment is safe and sturdy. Don't fall for things that are "modern" and "educational" without learning whether the equipment has been found satisfactory in other programs and whether it has been adequately tested.

Storage. Whenever possible, outdoor equipment should be stored outside to reduce the time required for carrying and setting up. For equipment that must be protected against weather, theft, and unsupervised use, garages or sheds with wide doors—and a childproof lock—can be built or purchased prefabricated. The children will be able to help return equipment themselves if they are given adequate supervision and are taught where things go.

Family Day Care Facilities

In general, family day care operators are not reimbursed for the expenses of preparing a home for day care. They usually use what they have, rarely with more than a minor rearrangement of furniture.

The realistic course for the family caregiver is to adapt and improvise, within the family's available means, to provide a setting conducive to the care of children for many hours a day.

Part of the value of a family day care home is precisely the fact that it is a home, and a caregiver should not lose that advantage by trying to copy a center. A family day care home is not merely a small-scale, imitation day care center. It is a different kind of facility with its own characteristic advantages, which should be emphasized and used to the fullest extent.

Indoor Space

In planning a day care program for a private home, it is important to remember that the program must conform to the rooms and spaces available. The home must be comfortable both as the residence for the caregiver and her or his family and as the alternate residence for the children in day care. The major considerations are usually few, such as: designating the rooms to be used for day care and those to be off-limits to the children; deciding what restrictions, if any, to place on the children regarding the facilities; providing filing space for records; and perhaps buying such things as a chest for toys, a few new toys and pieces of equipment, some plastic dishes and glasses, and individual towels or paper towels.

However, many homes will have to be adapted—either remodeled, renovated, or just rearranged—to be convenient, to meet licensing and code regulations, and to comply with safety points such as those mentioned earlier in this chapter. When more than six children are cared for in one home, some extra features may be needed, such as extra toilet and handwashing facilities, extra cots or cribs, and extra storage space.

In most homes, such additional features aren't needed. The rooms already available can double for many of the functions which in a center require extra space, such as parent conference rooms or isolation rooms. And children can share equipment and facilities—the bathroom, for example—just as they do at home.

A day care home, like a center, can and should provide adequate space, light, and climate and sound control; a place for small group activities and a place for privacy; a place to isolate a sick child; and a place for really vigorous and messy activities. With its different kinds of spaces—kitchen, porch, living room, bedroom—the home can be at least as stimulating as a center and an even more natural learning environment.

Outdoor Space

Children in a family day care program need essentially the same outdoor space and play opportunities as children in a center. Outdoor areas should be fenced and should have a gate that can close and latch. The yard should be free of glass and cans, and garbage should be kept in closed containers away from play areas.

In a small family program, the cost of equipment per child can be very high, and the caregiver needs to improvise to provide play opportunities at reasonable expense. Multiuse equipment should be emphasized—a climbing structure, a playhouse, a large sandbox. Children should also be encouraged to improvise and create. A big carton or crate makes a fine house or hideout. Walkways and rocks can be decorated with waterbase paints. Children can water and tend a small vegetable garden, and can later cook and eat vegetables they have grown

themselves. For a change, snacks or meals can be eaten outdoors. A family day care program, though lacking the equipment and specialized facilities of a large center, is better able to use materials found around the home and can provide the children a better continuity of experience between day care and their own homes.

Facilities are Important, But . . .

Whether day care is provided in a family's home or in a center, the quality of the facility should be the best possible within financial and other limitations. But while the physical setting can be a strong influence on the program for better or worse, there is a tendency to overemphasize facilities. As long as health and safety standards have been met, there are usually more pressing financial obligations than physical improvements. When a caregiver has to decide between improving his or her own abilities and skills with children or improving the day care home, it is usually more worthwhile to spend the money on advanced schooling. When a choice has to be made between spending money to upgrade the staff of a center or to improve its building and grounds, it is usually better to concentrate on the staff. A quality caregiver or an excellent staff can conduct an outstanding program in a mediocre facility, but the finest buildings and equipment will be wasted if the people involved don't measure up.

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Chapter 7

Parent Involvement

Parent involvement is as much a component of quality day care as curriculum, staff, or facilities. And like the other components, parent involvement should be integrated with the entire program.

Parents are and will remain the principal influence on the development of their children. A developmental program which ignores this fact is, in effect, forcing the child either to develop in two different ways at once or to reject a part of his own experience. As described in chapter 1, quality day care is concerned with the whole child—including his intellectual, emotional, social, and physical development—and with being of maximal use to the child's parents as a supplement to their own parenting.

To many of those approaching day care for the first time, "supporting and strengthening the family" may seem an empty abstraction, well beyond the reach of a day care program. But day care can give real support to the family relationship in several ways. Day care can allow parents to work without constantly worrying or feeling guilty about their children's care. Through attitudes and selection of activities, the staff can help maintain the child's sense of the primacy of his parents. In interactions with parents, the staff can learn what the parents expect from day care and can assure them that parents maintain the essential responsibility for the care of their children. The program can provide an environment which is consistent with the child's background and with the values of his parents, rather than one which forces the child to change his ways during day care. It can help parents find greater pleasure and satisfaction in their children by relieving some of the burden of child rearing in a small nuclear family, substituting, in some measure, for the extended family now lost to most people. It can direct families to services, integrate services, or offer new opportunities—both educational and recreational—and can help reduce the isolation felt by many families and single parents.

These possibilities need emphasis because, as many parents and educators are well aware, a child's entrance into day care opens up threats as well as promises. How will the child's new experience in day care relate to his home experience? There are profound differences in parental styles among cultures and equally important differences among families of one culture. Most families attempt to raise children to meet the expectations of their culture as well as the parents' own preferences. Within a single culture, some families will emphasize courtesy, proper speech, hard work, or differences between traditional masculine and feminine behavior, while others may place greater value on spontaneity, independence, expression of emotions, or freedom from conventional restrictions on behavior. If the background or child-rearing style of the program staff diverges widely from that of the family, both parents and children may be confused or alarmed.

Will the values of the program turn the child against his family's values? Will his contact with other children and other environments lead him to reject his own home and background? Will he learn behavior in day care that is unacceptable at home? There are no easy answers. In most communities a day care program can adapt to the general cultural and economic background and provide the same general kind of care the child receives at home. But it cannot hope and should not attempt to duplicate the home environment exactly. Some differences will have to be accommodated by parents, staff, and children.

Day care can become a place where children learn to deal with differences—provided the parents are sufficiently involved to understand the situation, know what the child is experiencing, and help him deal with it to the best of their ability. Parental involvement, then, is not just an extra attraction for the parents. It is a basic part of the philosophy that good day care supplements, never supplants, a child's own family. Parental involvement is necessary for the social and emotional development of the child.

Interest in Parent Involvement

The last decade has brought a tremendous increase of interest in parent involvement in preschool programs. Two reasons for this interest are research and an increasing recognition of the need to reinforce the child's cultural background.

Research on Head Start and other preschool programs has shown that parent involvement is critical to their success. Studies of education programs and other programs which attempt to facilitate developmental progress have shown that gains made by the children are quickly lost after the program ends unless the children's gains are reinforced in the home. When parents understand a program and support it, the children can retain and consolidate their gains.

A second reason for the rising interest in parent involvement is the increasing emphasis on respect for different cultures, traditions, and backgrounds. Just as ethnic groups, civil rights organizations, women's caucuses, and welfare rights groups are demanding recognition of their points of view, more and more parents are insisting on day care programs responsive to their own backgrounds and values. Where such pressures represent the real feelings of the parents, a successful program must take these feelings into account. Ethnic groups in particular want programs which recognize the unique characteristics of their culture, including in many cases the use of a language other than standard English. They want their children to grow up with an appreciation for their own cultural backgrounds and, ideally, with understanding and respect for the diversity of other cultures.

Forms of Involvement

Parent involvement can take many forms depending on the nature of the program, the circumstances and capabilities of the parents, and the personal preferences of all involved. Those programs which seem most effective have tried to determine the parents' interests and to respond to them.

A day care center offers the widest range of opportunities for formal activities, while family day care settings tend to encourage close, informal, familiar interaction between the parents, caregivers, and children. Day care programs which receive some forms of public funds are specifically required to have an advisory council or board of directors with strong parent membership. All centers would benefit from having such a representative group of parents involved in setting policy and overseeing the administration of the program, as described in chapter 3. Even in centers run for profit, where the involvement of parents in decisionmaking raises special problems, parents should participate to the greatest extent possible. The child's experiences in day care have to blend with his experiences at home.

Goals of Parent Involvement

Consistency Between Home and Day Care

Severe conflict in standards and rules between home and the day care program will create confusion and uncertainty for a child. Naturally, there will always be some differences. What is appropriate in one setting may often be inappropriate in the other. But the two ways of behaving must be reasonably consistent if the children are to have any confidence that they know what adults expect of them. In a community with more than one cultural group, it may be impossible to avoid discrepancies in standards between the day care program and some of the homes. When there are serious differences, caregivers and parents should deal with them in a calm and matter-of-fact way and should cooperate in helping the children learn to accept differences between people. When the number of families is small, as in family day care, the differences between home and the program may be recognized and discussed by the entire group.

Parent Understanding of the Day Care Program; Staff Understanding of the Parents and Community

Understanding is necessary on both sides for parents and staff to work together and have confidence in each other. This understanding requires more than formal or perfunctory contact, especially where there are cultural differences. If a child reproaches his mother by saying, "they never spank us in day care," the result could be confusion in the family and distrust of day care by the parents. Parents should have ample opportunity to observe the day care program in operation. A caregiver may stop a child who has just hit another child, hold him firmly by the shoulders, and say, "I will not let you hit. That hurts." Such a demonstration may show the parents that the day care staff does not allow the child to get away with everything but that they do use different methods of discipline.

Families have good reason to want day care programs to be relevant to their own values and situations. "Relevant" need not mean that those values and none others are presented. The important point is that experiences that seem real and important to the child must come to him in terms that he can understand. A good program will attempt to reflect the prevailing values of the community but will also explicitly recognize the different customs and values of minorities in the community. "Relevance" must be interpreted to include both incorporating the values of the child's background into the program and developing his respect for other backgrounds.

This kind of relevance clearly requires the full participation of the parents in developing and monitoring the program. Staff members have a corresponding need to involve themselves in the life of the community, since only in this way can they understand the families they serve.

Parents' Skills

When parents work as teacher aides, as volunteers, or as observers, they can assimilate many of the techniques and attitudes of professional caregivers. Home visits by the caregivers provide a chance for parents to discuss what they have seen.

Many parents need opportunities to develop self-sufficiency and self-respect. Participation in planning and operating the day care program can develop leadership skill and competence in administration.

Parents' Influence on the Community

Many parents—perhaps most, regardless of economic status or cultural background—can assume an active role in their children's formal education for the first time in a day care program. It may come as a surprise that they can take a constructive part in making decisions about staff competence, curriculum, and conduct of the program.

One of the main effects of programs such as Head Start is that many parents learn for the first time that they can assume an effective role in community affairs. Where in the past they might have accepted the staff, procedures, and practices of public schools or hospitals as fundamentals which cannot be changed, mostly because they had not seen any alternatives, they begin to expect a different kind of relationship with such caregiving institutions. With experience in planning and conducting a day care program, parents can become wiser critics of the schools and stronger supporters of what is best in public education. Their new confidence in exercising authority and making decisions may lead them to make new choices in their own way of living and perhaps to change the life of the community as well.

Children are quick to sense their parents' attitudes, including those toward education. The parent who helps his or her child develop positive feelings about day care will both improve the success of the day care program and at the same time plant the seeds for good attitudes toward later education.

Strategies for Parent Involvement

When the day care program has been started by parents on their own as a cooperative venture, they are already the policymakers and administrators. But even in such a situation some families will require encouragement to take a more active part. When day care is being provided by another agency, whether proprietary or not, it is decidedly a staff function to secure the involvement of parents to the greatest extent consistent with their time and abilities and with the type of program being offered. The particular strategies pursued to encourage parent involvement must be chosen according to the judgment and experience of the staff. In general, five methods of involvement have been found particularly useful: membership on decisionmaking boards, contacts between parents and staff, direct participation in paid or unpaid positions, adult education, adapting to special needs.

Membership on Decisionmaking Boards

One of the requirements for preschool day care programs which receive some form of public funding is the formation of a policy advisory committee with parent participation. This requirement may serve as a guide for other programs. As noted in chapter 3, the policy advisory committee may also include, in addition to parents, representatives from other related programs in the community: professionals in medicine, law, and child development and representatives of local government. When the community contains a mixture of ethnic or cultural groups, all should be fairly represented.

Parent members of an advisory committee are usually among the most active in the program. They maintain contact with other parents, function as lines of communication between

parents and staff, plan parent programs consistent with the interests and needs of other parents, make home visits, recruit children for the following year, and find ways to involve other parents in the program.

A governing group dominated by parents should be responsive to the needs of the families in the program, but there is some danger that the group can become isolated from the concerns of other members, particularly the new families who enter the program each year. The officers should use such strategies as appointing committees and calling parent meetings, even at the possible expense of some administrative efficiency, as a way to keep other parents involved.

Contacts Between Parents and Staff

Direct contact between parents and staff members or caregivers is essential to understanding and confidence. These contacts, which are more personal and less formal than committee meetings, may be the main line of communication between most parents and those who run the program. It is the job of the staff to plan for frequent contacts and to see that they are used to good purpose.

To some families, a preschool day care program may well be an unfamiliar and perhaps an unsettling innovation in the community. The program and staff may appear distant and may not be trusted at first—especially if the program is run by an outside agency or if many staff members come from outside the community. Some families may expect too much of the program or may fail to take responsibility for helping the program succeed. Some parents do not realize the problems of a child moving from a home environment to a day care setting with different adults in authority, different rules, and an unfamiliar environment. Repeated personal contact between parents and staff is the most effective way to smooth out these difficulties and develop understanding and confidence.

Caregivers, in turn, need direct contact with parents to understand each child's behavior, feelings, and expectations about adults. Special needs of some families—unusual working hours, transportation problems, eating habits, medical conditions—can be better handled after informal discussion and exploration of alternatives.

Parent-staff contacts are essential, especially during the start-up phase of the program. When the program is well under way, contacts may occur more naturally, but staff planning is still needed to make the most of them.

During start-up of a large center-based program, the community should be canvassed to determine the extent of its day care needs and to inform families about the new program. Newspaper publicity, posters, and appearances at meetings of local organizations will help inform people about the program, but the greater part of the job should be carried out through house-to-house visits, preferably using local volunteers. Canvassers should explain the purpose and extent of the program, the services to be offered, and the costs and should determine the present or foreseeable needs of the families they visit. Further visits to the home or family visits to the day care facility should be arranged.

Another early contact occurs during the intake procedure when the staff collects routine information about the child and his family. It is also the time to permit the parents to ask questions and to make sure that there is clear agreement about the services to be performed and the responsibilities of the family. After the program is under way, staff members should make systematic arrangements to ensure that personal contacts continue.

Home visits by staff members are probably the most effective way to maintain contact. Meeting all members of the child's family in their everyday surroundings will give insights about the child which can help staff members make his transition from home to day care easier. Repeated visits will help to establish the family's confidence and to create a favorable atmosphere for discussion.

The visitor may take along some of the program's learning material, toys, or books so that the parents can examine them and the child can use them in his own home. Formal home visiting programs are described in chapter 10.

Many families may resist home visits. Some parents fear an invasion of their privacy. Some, because of past experience, assume that a home visit must concern misbehavior by their child. Others may recall unpleasant experiences with mandatory visits from welfare workers and suspect that the visitor's real motive is to inspect and criticize. Whatever the reason, the family's feelings must be respected. A forced visit will accomplish nothing.

Daily informal contacts occur when the parents bring their children in the morning and come for them at night. Informal conversations at such times can be useful for working out small problems and for bringing up questions without waiting for a special interview. The staff can

facilitate communication by taking turns as greeters and by setting aside a quiet place for conversation and coffee.

Telephone contacts and written notes are useful when circumstances do not permit daily contact—for example, when children come considerable distances by bus or car pool. Staff members should call parents frequently to reassure them about progress and to invite questions, and parents should know how and when they can call those caregivers most familiar with their children. Written messages can be sent home with the child with information about the program or special events. A note may also invite a parent to call or attend an interview, but it should not be used to announce that a child is having a problem or to discuss personal matters.

Conferences should be scheduled several times a year for serious private discussion of the program and of each child's progress and needs. The conference can be a good time to tackle such problems as the transition between home and day care, differences in standards and expectations, questions about the value of the program, or family difficulties which affect the child. Even the busiest parents, and particularly the fathers, should be urged to attend a conference, and if necessary the day care center should arrange to offer babysitting service or transportation.

Meetings of all parents and staff members should be held at least once a year. Staff members or guest speakers can discuss the program and any changes or alternatives which may be of interest. Parents should be invited to ask questions. Parents who may enroll their children in the near future can be invited and introduced to the facilities, the staff, and the other parents. It may be important to offer such inducements as refreshments, babysitting, and transportation.

Parents' nights and social activities can help to maintain a feeling of involvement in the program. Most day care centers set aside evenings when parents can come to see or even take part in activities provided for the children. Parents may use some of the equipment, clay, paint, or learning games with staff members present to explain the value of the activities.

Other social events, such as picnics, holiday parties, or field trips to zoos and amusement parks, can help bring different families together for relaxed, informal good times—a good way of encouraging families of different backgrounds to become better acquainted. Children should be included on at least some of these occasions.

Direct Participation

Parents can fill a variety of positions, both paid and unpaid, at a day care center. They may work at maintenance—repair equipment and maintain the building; serve as car pool or bus drivers for regular transportation or special field trips;[1] act as babysitters to help other parents participate in the program; and work as office workers, as outreach workers to contact other families and organizations in the community, or as leaders of adult activities. Parents who have the required training and experience can be valuable in professional or paraprofessional capacities—teachers and teacher aides; volunteers to present certain programs, such as crafts or outdoor nature studies; or social workers or homemaker aides offering services to parents in the home.

Adult Education

In some communities, many parents feel the need for further education. The experience of participating in the day care program may be a stimulus to seek further training or to undertake a new career. The day care program is a natural site for offering classes on subjects such as homemaking skills, consumer education, child development, and health and nutrition. The program staff may be able to obtain the help of experts in various fields as well as available audiovisual materials.

Adapting to Special Needs

Some parents have unusual work hours that require flexibility in scheduling. Some children may occasionally miss breakfast and need a meal. Children may have colds or other minor illnesses and the parents may be unable to get a babysitter. For a family day care program, it is relatively easy to make special arrangements, but in a large center-based program adaptability is more difficult. Within reason, the staff should be ready to accept such unexpected or emergency demands as part of its job. Their concern will most likely increase the parents' feeling of involvement in the program. Parent volunteers can be particularly useful in watching or reading to a sick child, preparing a meal, furnishing emergency transportation, or performing other jobs in response to the special needs of other parents.

[1] Anyone engaged in transporting children must have the proper driver's license and should be covered by adequate accident and liability insurance.

Problems of Parent Involvement

Several problems of parent involvement in day care must be recognized and dealt with.

One of the most difficult problems is that parents, particularly the fathers, of children in day care are often the very people who can least spare time for extra activities. Employed men may have even more difficulty than women in taking time to engage in outside activities. And some fathers who might otherwise find time for extra involvement are embarrassed to participate in programs about children.

On the other hand, strong parent involvement brings its own problems. During the start-up phase, parents will have to resolve some difficult questions. Whose influence will predominate on policy decisions? Will one or more parent leaders emerge and will they compete? In mixed communities, how will minority desires be accommodated? Can parents limit their own interference in day-to-day details of running the program?

The first few months of operation may be a difficult period as parents and staff try to work out a relationship of trust and confidence. Parents and caregivers may have preconceptions about each other which interfere with involvement. The caregiver may feel unwelcome in the home, or the parent may feel unwelcome at the day care facility. Each may underestimate the other's interest in the child's progress. Either side can take advantage of the other, and both groups will need an abundance of patience and good sense.

Differences in values or practices may have to be resolved. Parents and staff may differ in their philosophies or styles of caregiving. There may be a conflict of goals—the parents might feel that children should have more preacademic work while the staff might place more emphasis on imaginative play.

Parents can also differ sharply among themselves. A group of parents may insist on a strong cultural or ethnic emphasis which is not representative of the majority of the community. Many parents from minority groups may have a strong but vaguely defined suspicion concerning day care—a feeling that all such programs have a hidden intention to downgrade minorities still further.

In any day care center, hiring the staff is likely to be still another point of stress. Parents and professionals in the program may have different ideas about the requirements for staff positions and the competence of those hired. There may be a clash about professional credentials versus personality or cultural background.

In day care programs run for profit, the role of parents will be more restricted. A private businessman cannot afford to let his customers make policy decisions for him. However, parents still need to have a voice in any program that relates to the care of their children. Two roles, at least, should be available to these parents. First, they should form an advisory group to represent their interests to the owner and act as liaison between parents, owner, and the funding agency if any. This liaison function is especially important when it is time to renew a contract between an agency and a day care provider. Second, a parent group should monitor the quality of the program. This group should make sure that the terms of the contract are followed, consider possible improvements, and coordinate with the advisory group in discussions with the owner.

There are recurrent occasions for stress between parents and staff in any program. Some parents may feel that caregivers are competing for the affection of their children. A very demonstrative child may make his parents jealous—intentionally or otherwise—by displaying a close relationship with a caregiver. A competent staff member who easily controls difficult situations might make parents feel inferior. While advice to parents on problems of child care may be needed and accepted, at the same time it may be resented.

Problems can be aggravated when the parents and caregivers come from different backgrounds. Mothers and fathers may feel that their way of life is being attacked when their child comes home from day care with new habits or values. Professional ideas of discipline may seem to threaten the family unity of parents who have been raised with a different style of discipline.

Stresses are part of the process of establishing day care as a community resource. They need to be discussed and resolved openly, with each side recognizing that the parents' influence has both advantages and disadvantages. The advantages include creating a better sense of continuity between home and program for the children; helping the parents understand their own children's aptitudes and limitations; helping them learn about their community and its various groups; and allowing parents to experience a sense of participation. The disadvantages include, for example, the loss in program efficiency—

because nonprofessionals take a long time to learn the complexities of administration; the possibility that, through force of personality, parent leaders may emerge who fail to understand the details of the program; and the danger that one group of parents may gain control and use the program for their own purposes.

Although stresses arise naturally and no day care program can avoid them completely, some measures will help. Selecting staff members from a background similar to that of the community and using local residents as paid or volunteer workers is one way. Since most parent-staff conflicts arise from distrust and misunderstanding, the long-term solution must be to develop mutual confidence through continued parent involvement in the program and staff involvement in the community.

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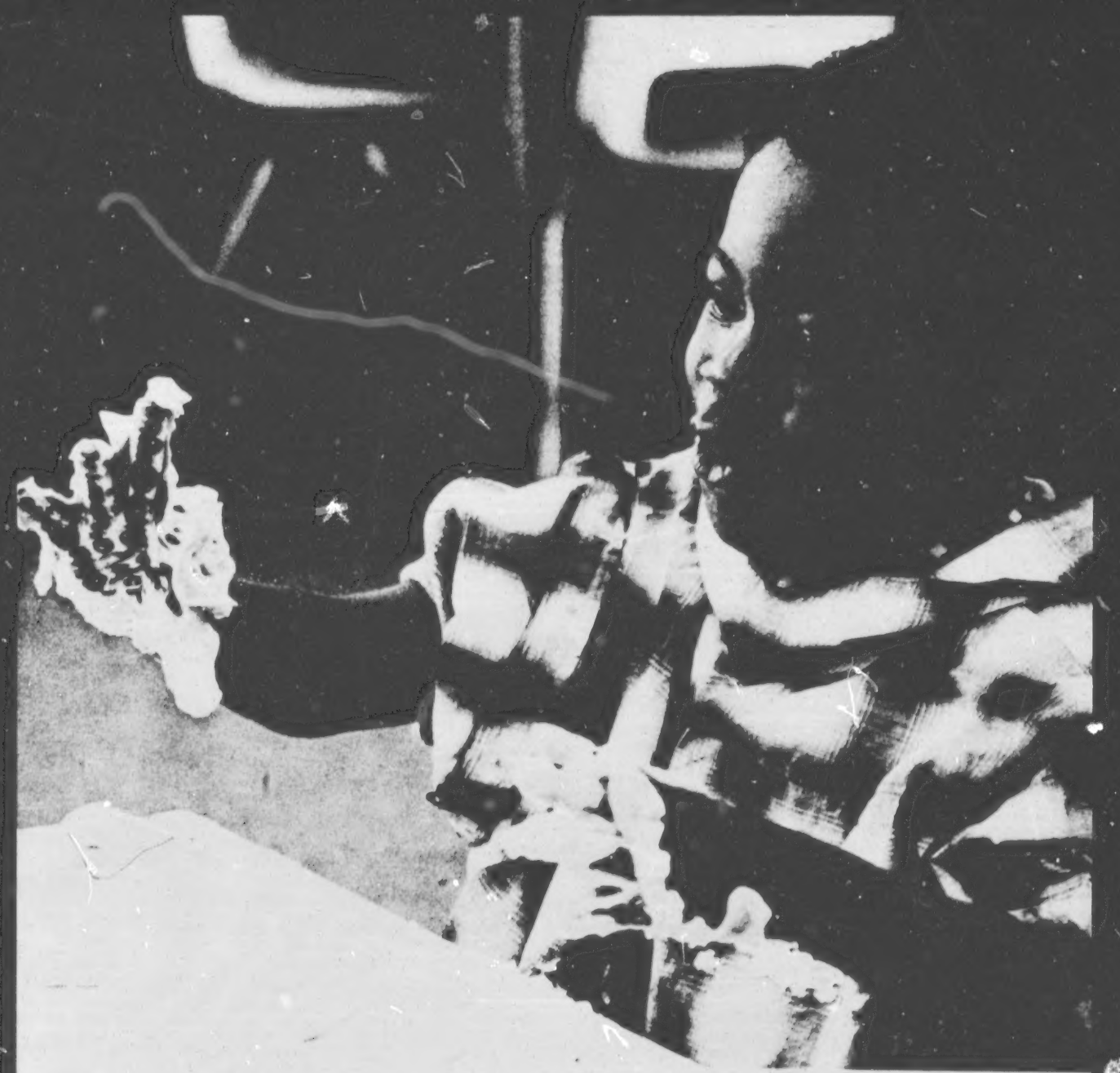

Chapter 8

Curriculum

To those with little day care experience, planning a curriculum may seem a complicated and bewildering task better left to experts. With the large number of curricula that have been designed by specialists in the field, can a community group hope to do better? And if specialists can't agree which curriculum is best, how can an amateur hope to choose?

The bewilderment often comes from confusion about the importance and function of a curriculum. No one curriculum is best, just as there is no single best philosophy of education. A curriculum should be designed for both the particular needs of the families who will use it and the values of their community. Portions of several standard curricula, taken more or less intact, may meet local needs very nicely, but no one curriculum selected off the shelf is likely to be ideal.

"Curriculum" has two different uses in day care. The word conventionally means a carefully planned set of lessons to be taught and learned or a set of learning opportunities to be presented in a certain way. A curriculum in this sense is usually spelled out in detail, with clear goals, concrete and measurable objectives, a set of requirements for teacher training, a rationalized educational philosophy, and a method for evaluation.

In a broader sense, "curriculum" in day care means all the developmental experiences that are planned for the whole program. In this sense, the word includes the entire day's activities; the caregiving style; the degree of freedom or control for both children and caregivers; the relative emphasis on cognitive, emotional, or social values; and even the choice of whether to accept and use unplanned events as developmental experiences.

To avoid confusion, in this manual *curriculum* will be used in its more narrow and conventional sense, and the phrase *day plan* will refer to the whole body of experiences in the program. The day plan, of course, includes the curriculum as well as meals, play, naps, conversation, relations between children and adults, and other planned experiences.

In a quality day care program, both the curriculum and the day plan are thoughtfully worked out. While the day plan may permit more informality and spontaneity than the curriculum, it is equally important and requires equal care in planning. The two will usually have similar characteristics. However, there is no reason why a loose, informal day plan cannot contain elements of highly structured learning nor why a tightly controlled day plan cannot contain elements of free exploration.

The task of the designer or designers of a day care program is to work out a day plan and a curriculum which fit the needs of the children and parents, the capabilities of the staff, and the values and resources of the community.

The Curriculum

Types of Curricula

Curricula are differentiated by goals, methods, and—perhaps more than anything else—by the theories on which they are based. While theoretical distinctions are important to specialists, in actual practice most curricula are much less diverse than the theories which support them. For practical planning purposes, curricula can be divided into three types which reflect the experiences of the children in the programs, the philosophies of the parents, and the orientations of trained staff members.

Teacher-controlled curricula are the most authoritarian and most fully programed of the three types. The teacher directs the child's activities following clearly defined directions which tell him or her what materials to use, what to teach, when to teach it, and how to respond to the child's success or failure. In this way, the teacher's activities are as programed or directed as the child's. An example of a teacher-controlled curriculum is the academically oriented model.[1]

[1] Described in ch. 9.

Child-centered or child-controlled curricula leave most of the initiative to the child. The teacher's job is to respond sensitively and intuitively with learning experiences which meet the child's interest and which are based on the teacher's understanding of children's developmental needs and strengths. The Bank Street curriculum [1] is a child-controlled curriculum.

Teacher and child mutually controlled curricula combine both approaches, permitting the child to exercise his initiative and the teacher to respond within a relatively controlled and clearly defined structure. The Weikart cognitively oriented curriculum is an example of this type.

Which type is best? The question has been argued and studied extensively, and many studies have led to some common-sense points of agreement.

- Don't expect too much from a curriculum. Different curricula do not usually produce dramatically different results.
- Don't hold a child's preschool curriculum responsible for his future success. What the child does this year depends on his curriculum this year; what happens next year depends on next year's curriculum.
- The more clearly curriculum goals are spelled out, the more likely they are to be reached. If one goal is to learn the alphabet, and the caregiver tries to teach the alphabet, the child will probably learn it. If the child is allowed to explore what interests him, he may not learn the alphabet, but he will learn many other things such as problem solving and taking responsibility for his own actions.
- Gains in formal learning (of the type usually measured by standardized tests) depend heavily on how well the teachers understand, like, and apply the curriculum. Teachers who believe in a certain approach get far better results than teachers who use it without confidence. Teachers who thoroughly understand the goals and objectives of a curriculum are more successful than those who attempt to follow the method without understanding or commitment.

These points of agreement tend to support several practical conclusions.

A highly programmed, teacher-controlled curriculum often has two advantages. Since the goals are clearly spelled out, teachers can see the value of the curriculum and can readily acquire a sense of commitment and involvement. Since the teacher is taught exactly what to do, step by step,with the children, she or he may learn to be effective and confident in a matter of months. The child, however, tends to lose the benefits of spontaneity and self-directed exploration. This curriculum may be academically effective in the short run but may constrict the child's development in social and emotional areas and may negatively affect his self-reliance and initiative.

On the other hand, a child-centered or child-controlled curriculum at its best can introduce the child to the joy of learning and can help him acquire the discipline of self-directed work. But there are problems for both children and teachers. Many preschool children have not learned to handle such a high degree of freedom. And even a sensitive adult may require years to learn how to respond constructively to the initiatives of children. A teacher trained for more programed curricula, operating in a child-centered program, may worry about losing control and may spend too much time and energy enforcing discipline. The same teacher might actually achieve a more open and responsive environment with a more strictly programed curriculum.

The teacher and child mutually controlled curriculum offers advantages of both extremes and minimizes their disadvantages. Much more than a compromise, the mutually controlled curriculum has outstanding advantages of its own and may well be the best choice in most day care situations.

On intellectual grounds alone, not much difference has been found in the effectiveness of the various curricula. The greatest differences are apparent between programs with good curricula and those with no curricula at all. In order of importance, the factors which determine the effectiveness of the curriculum are:

- the thoroughness of the teacher's education and preparation to use the curriculum
- the planning of activities to achieve particular goals. Experience shows that for a day care program to maintain a high level of quality it must have clearly defined goals and objectives
- the quality of supervision. A program with several caregivers needs supervisors who have a clear understanding of both preschool development and the chosen curriculum and who can provide guidance, consultation, and evaluation of the caregivers' performance.

The larger the program, the more important are these formal administrative requirements and, fortunately, the more accessible they become.

Planning and supervision are much more critical in a program with 50 or 100 children and many staff members than in a smaller, more intimate family setting. At the same time, a more thoroughly programed curriculum is easier to supervise. As a program increases in size, it becomes more difficult for teachers simply to do what comes naturally and more important to have a well-planned and detailed curriculum.

In a center with 50 or more children, good care requires very explicit scheduling, planning for, and supervising of both the curriculum and day plan. In a small family program, staff training, expert supervision, and detailed planning may be less urgently required, but they are no less desirable. Without careful planning and supervision, any program can degenerate into custodial day care—or simple feeding and supervision.

Curricula and Public Schools

The relation of preschool day care to public schooling needs to be considered in the planning of a curriculum. Ideally, a curriculum should be designed to meet the developmental needs of each child at the time he is in day care, with little concern about later schooling. But the quality of the local public school system may demand some painful compromises.

In an authoritarian, teacher-controlled first grade, certain elements of learned behavior have a real survival value. When the child is clearly headed for such an experience, it is important to ask, "What does he need to know in order to cope with the expectations of his first grade teacher?" The child entering such a school will be far better off if he has certain academic skills and if he knows how to deal with authority. For most children, the academic skills are easy enough to acquire—the alphabet, a few words, skills in working with different materials. Dealing with authority is more difficult. The child will need to know how to keep quiet until called on, how to be polite to the teacher, how to raise his hand for attention, and how to contain his excitement in the interest of group order.

Some families may want and expect their children to learn exactly these skills in preschool day care. Many other families may consider it a tragic waste for the child to spend much time during his preschool years simply learning to sit still and be quiet. Nevertheless, if the child is headed for an environment where he will need those skills to succeed, it is hard to justify not teaching them. The decision about how much to emphasize this type of learned behavior must be based on the individual values of the parents, the community's values, and a realistic appraisal of the institutions the children are about to enter.

These considerations point again to the advantage of a day care network of many different facilities. Younger children can benefit from the warmth and support of a small family program, while older children can, if necessary, be gradually prepared for the more formal, teacher-controlled environment of first grade. Hopefully, the directors and staffs of preschool programs—and the parents of children who have attended quality day care—may be able to teach elementary school teachers and principals a good deal about child development and new approaches to education that respect the individuality and feelings of children.

"Compensatory" Education

Children can learn through their experiences. Throughout life, the process of education goes on just as experience goes on, with or without a curriculum. The purpose of a curriculum is to organize experiences according to the needs of the learner and the demands made on him by his environment. All curricula, whether college or preschool level, have this purpose. Education in general, including that which bears the label "compensatory," is a process of giving the child the experiences he needs and can absorb at that time.

Most of what we call compensatory education may be nothing more than applying thoughtful attention to the needs of children whose lives have previously lacked enough organized experience. Its aim is to give the child experiences he needs and can use at his current stage of development. Compensatory education can thus help the child's development in the present, but clearly cannot guarantee the quality of his experiences or his education in the future.

Some compensatory education is largely training in certain styles of behavior, such as helping the child cope with the social demands of the first grade situation. The compensation in this case is more for the deficiencies of the school system than for those of the child.

Compensatory education, then, is not a standard set of lessons designed to elevate every child to some universal norm of preparedness, nor is it a way to inoculate children against future troubles. Like all education, it is a way of meeting the child's present needs.

Children are individuals, and their needs differ. The needs of individual children must be assessed, and experiences must be carefully provided which they can presently absorb and which will help them meet the future demands of their environment. A curriculum which accomplishes this much is a good one, and it makes little difference whether we decide to call it "compensatory" or not.

The Day Plan

By far the greatest influence on the child in day care, at least in terms of time, comes from the day plan. The curriculum covers a relatively small part of the child's day; the day plan includes the plans, goals, and objectives for the child's whole day, including that covered by the curriculum.

All of the time the child spends in day care should be planned with clearly understood objectives. However, these do not need to be as specific as curricular objectives nor does every moment of the day have to be tied to a particular goal.

The choices made in designing the day plan parallel those made by each family in developing its own child-rearing style. Day care planners, like parents, may have to choose whether to emphasize self-control or spontaneity, emotional expressiveness or the disciplines of good social behavior. While these objectives are not necessarily mutually exclusive, both parents and caregivers will have a tendency to emphasize one over the other.

The child-rearing style of the caregivers must be the most important element in the entire day plan. The staff's background, training, and personal preferences all bear on the child's experiences in day care. A staff member trained in one type of curriculum is likely to extend that approach to his or her caregiving for the whole day. Therefore, it is impossible to separate curriculum planning and staff selection from designing the day plan.

The rest of this chapter is devoted to designing the day plan, including the curriculum. Staffing, which is central to any day plan, is discussed in chapter 13.

Designing the Day Plan

The problem facing those who set out to design a day plan is not that of creating new materials and programs from scratch, but rather of selecting from available elements, including published curricula, to assemble a program that is relevant, coherent, and viable.

A good beginning is to consider the common characteristics of and the differences between most designs. A fundamental concern of most day plans for early childhood programs is to present a variety of comfortable learning experiences in a climate of warmth and acceptance. Most designs provide for some sort of rewards to the children as incentives for learning and as an aid in evaluating the program's effectiveness. Most plans also have a certain amount of flexibility to permit taking advantage of unforeseen experiences.

The significant differences between designs result from differences in the size of programs, ranging from solo family day care to a large center with 100 or more children; the extent of parent involvement; the facilities; and the educational philosophy of the parents and staff. This last factor will help determine the role of play within the program, the emphasis on straight academic accomplishment, and the degree of freedom or restriction in the children's activities.

Who actually does the work of designing a day plan and a curriculum? Who evaluates and reconciles the diverse elements? The simple answer is: all those concerned. In practice, the main participants are the parents and the staff members, particularly the director if the program has one or the curriculum committee if the program is large enough. (If the program receives funds from an outside agency, an agency representative may want to be included.)

Whether handled by a single family caregiver or a large committee, the design of a day plan follows essentially the same process: considering needs and resources, formulating philosophy, and studying the available material. For a large program, the planners will probably also need to collect facts on the community, the special needs of the children, and perhaps the characteristics of the public school system as well. For a single-family home the caregiver should, when practical, consult extensively with parents about the needs and values of the family.

A day care network can be an invaluable source of information, advice, and experience for a family caregiver or a small center. The problems of designing the day plan are one more powerful inducement to join a network when one exists or to consider working toward creating one if necessary.

Curriculum design is inevitably an involved

process. For discussion, the process can conveniently be separated into four steps: determine immediate and long-range goals; choose learning experiences that contribute toward these goals; arrange learning experiences in a logical, coherent sequence; plan for evaluation of progress toward the goals.

Determining Goals

A preschool child does have certain developmental tasks which involve learning, and the goals of most day plans will include the child's mastering these tasks. There is a natural relationship between the major areas of development (as discussed in ch. 2) and the ways in which educators classify learning experiences.

Intellectual Skills. This area includes the skills, knowledge, and basic concepts that come from the child's experiences and from the support given to his normal development. His ideas allow him to make sense of the world—to think about things, plan, make predictions, and decide. Goals in this area involve increasing a child's understanding of such basic concepts as size, space, and time; improving his ability to use language with accuracy and flexibility; enlarging his knowledge of certain places and events; and promoting his sense of control and understanding of his own body.

Sense of Self or Identity. From his experiences a child gathers impressions which help him define himself. These impressions affect his personal identity; his perceptions of his place in the home, family, school, and other groups; and his perceptions of his "body image" or his physical identity. He learns to recognize and respond to a range of feelings in himself—from happy to sad, from angry to contented, from frightened to confident; to know what situations give him these feelings; to define them more sharply; and to communicate them to others in acceptable ways.

Relating to Other Children. A child's experience includes working with, playing with, and relating to other children in many ways. He learns to recognize and respect the individualities, feelings, interests, and abilities of others.

Relating to Adults. From birth, a child relates to the adults in his own family. Later, as he gains experience with other adults who guide and support him, he learns to recognize them as individuals with their own interests and desires.

Relating to a Group. Experiences as part of a group help a child to recognize his own place among others and to recognize and stay within accepted patterns of group behavior without submerging his own personality.

These are five areas in which children learn. They may help day plan designers determine the various goals to be adopted for day care. The following list gives examples of some of the goals that have been included in day plan designs. The list is not intended as an ideal or comprehensive set of goals, but rather as a sample to illustrate the process.

- Intellectual skills
  (1) learn to recognize similarities and to group objects that are alike in some way—size, number, shape, use, etc.
  (2) learn to place events in time—before, after, yesterday, tomorrow
  (3) develop a longer attention span and the ability to extend projects over more than one work session
  (4) learn to make choices among alternatives
  (5) learn to know what to do in a defined play area
  (6) strengthen vocabulary and sentence complexity in English and in one's own native tongue if it is not English
  (7) learn to solve problems oneself and learn when to ask for help
  (8) develop fine motor control and eye-hand coordination in manipulating small tools and small objects
  (9) increase the ability to control crayons, pencils, paint brushes, and other art materials
  (10) increase sensitivity to surfaces, textures, smells, sights, and sounds
- Sense of self or identity
  (1) learn to feed, dress, undress, wash, and toilet oneself
  (2) learn to take care of one's own belongings
  (3) learn to actively choose among different activities
  (4) learn about one's own special background and learn to respect differences between children
  (5) learn to take pleasure in one's own work and play
  (6) develop the freedom and ability to engage in sociodramatic play
  (7) learn to understand and describe, in words, pictures, and gestures, one's own body image in climbing, jumping, running, standing, etc.
  (8) learn to recognize and express one's own feelings

- Relating to other children
  (1) make the gradual change from solitary to cooperative play
  (2) develop the ability to defend one's rights
  (3) learn to deal with confrontations, conflicts, success, failure
  (4) learn to share ideas and materials with others
  (5) learn to establish and maintain friendships
- Relating to adults
  (1) learn to view adults as resources for one's emotional, physical, and intellectual needs within the day care program and in the family
  (2) learn to know when to ask adults for help in solving problems and when an adult's help is not needed
  (3) learn to see adults as individuals with interests, feelings, problems, and needs
- Relating to a group
  (1) learn to take turns with tools and materials
  (2) learn to live comfortably with the rules established for the group, without losing one's own individuality
  (3) learn to be a contributing member of the group, offering one's ideas, talents, assistance, conversation, and attention.

In this sample classification, as in most day plan designs, learning areas and goals overlap because most experiences relate to more than one area of learning. In both the curriculum and the day plan, goals should be stated as clearly and specifically as possible. For example, "learn to take turns with tools and materials" is more specific and thus better than "learn to get along in groups." Because the curriculum is generally more detailed than the day plan, curricular objectives can usually be more precise. "Learn to count from one to five" is an objective which could very well be found in a curriculum but which is unlikely to be included in a day plan.

Selecting Learning Experiences

Select or design experiences which will help the child toward each goal. In certain cases, it is best to select a particular experience to achieve a particular goal, such as working in a well-supplied art center to help the child learn to manipulate pencils, crayons, and paints. In other cases, it is better to design the natural experiences of the day to contribute toward specific goals. For example, the children's arrival at the day care setting can be designed to serve several goals. Taking attendance by having children find their own name tags and place them in a box will help the children learn about words (intellectual skills) and about group rules (relating to the group). As the children put away their own coats and hats, they will learn about taking care of themselves and their belongings (sense of self) and about solving problems (intellectual skills). This activity could easily be designed to require cooperation, to emphasize taking turns, to reward fine motor control, or to give practice in recognizing similarities and in grouping like objects.

The playground offers more opportunities than just the use of large muscles. The layout, equipment, and group activities can be designed to provide experiences of cooperation, taking turns, handling social conflicts, contributing to a group, using a defined play area, using language, solving problems, learning to use tools, taking care of belongings, differentiating surfaces and textures, and so on. For example, when several children learn to use a confined play space, such as a sandbox, they learn to share and, often, how to respect each other's property and settle conflicts. Putting things away teaches responsibility; asking for objects and describing activities teaches language.

Arranging Experiences in a Logical Sequence

Normal learning proceeds along clear, definable lines of development. Children learn new skills by building on older, well-assimilated skills. In the feeding process, for example, a child at first has to be fed everything; then he learns to hold a bottle; then to eat small pieces of food; then to regulate the amount he eats and to feed himself an entire meal; then to prepare food; and finally to sensibly plan and regulate the amount and type of food he eats based on what he has learned about nutrition and his own appetite. The assimilation of skills and concepts proceeds along with the growth of mental and physical capacities.

In a quality day care program, the day plan must take each child's developmental level into account. Activities in each area of learning must coincide with a child's developmental maturity and his ability to perform different actions and tasks so that each child can be presented with new learning opportunities when he is ready for them. Such a plan requires individual appraisal of the child's progress along developmental lines to decide when he is ready for each new advance.

For example, one element in the day plan may

be learning to put on outdoor clothes. A logical sequence might be, first, for the child to learn to cooperate with the caregiver while being dressed; then, to put on clothes by himself and to learn the separate skills of buttoning buttons and zipping zippers; next, to combine these skills by completely dressing himself with no help; and finally, to learn to recognize when coats are needed and when they are not. If children are to learn to prepare snacks, it might be logical to provide first the experience of learning to pour; next, of learning to pour a measured amount; then, of learning to carry without spilling; and finally, of learning to count children and materials and to provide the correct number of cups.

Someone trained in child development or especially sensitive to children's levels of competence should help to design this phase of the plan to make sure the different learning experiences are clearly described for caregivers and correctly arranged.

With learning sequences clearly set forth, the staff can chart the progress of each child along developmental lines. Children of the same age may develop different capacities at widely differing rates. One may learn to speak clearly very early, while another may be advanced in dealing with a group of peers. The educational needs of a child depend, of course, on the skills he has already mastered rather than on his age only. Charting each child's progress will make it possible to create aspects of the day plan which are suited to each individual child.

Planning to Evaluate the Program

Staff members and parents need to evaluate the program regularly to know if it is as effective as planned—in other words, to know whether the children are actually receiving the high quality of developmental care which was intended. Different kinds and methods of evaluation are discussed in chapter 14. The points to be emphasized here are that the design of the day plan, from the earliest stage, should provide for evaluation and that the goals and learning experiences should be spelled out clearly and concretely.

In addition to the more or less formal types of evaluation described in chapter 14, day-to-day observations by staff members and parents can provide a running evaluation of each child's progress and can indicate what individual attention may be required. This daily evaluation need not be formal or complex, but it should be a part of the routine. It may be a good idea to take notes on each child's activities unobtrusively or at the end of the day. If time permits, the notes may be used as the basis for charts and progress reports. The points to observe may be organized as a standard checklist, but a sensitive parent or teacher will also observe the unique changes in each child's behavior which occur as the child copes with his special difficulties and demonstrates his own abilities.

The points to be observed will depend on the nature of the program and the experiences provided for in the day plan. The following list illustrates the kinds of observations that might be made.

- Can the child use scissors to cut, and, if so, can he cut out shapes?
- What does he do if he makes a mistake? Does he try again? Ask an adult for help?
- Is he able to express feelings in an age-appropriate way?
- Can he name colors?
- Does he share materials and toys?
- How does he act when another child makes a mistake or becomes upset?
- Might he have vision or hearing deficiencies?
- Does he insist on being the boss in all activities?
- What does he like to talk about?
- Is he proud of what he does?

This kind of day-to-day evaluation, particularly if it is recorded and filed, will provide important information for formal program evaluations and will be a basis for productive conferences with parents.

Final Note

The process of designing a day plan can be difficult, not only because it requires careful study and thought, but because it requires resolving differences of values and philosophy. But working on such a design has special benefits for those who do it. The process clarifies their own ideas about children and about the goals of the program; informs them about child development; and awakens a new sensitivity to the capabilities of the preschool child and to the important influence of adults in shaping a child's development.

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Chapter 9

Model Curricula

The preceding chapter discussed the importance of a curriculum in day care, the differences between the *curriculum* (a structure for organizing explicit and planned learning experiences during a small part of the day) and the *day plan* (broad plans for oganizing informal experiences throughout the day), and some general principles of designing a day plan for a preschool program. This chapter summarizes 12 different curricula which can serve as examples or as sources of ideas for constructing both a curriculum and a day plan to meet the educational objectives of a day care program.

The 12 curricula included here, and a large number of others, are available in published form. Some are described in considerable detail, with accounts of their underlying rationale, staffing and training requirements, etc. Most were developed for part-day programs, and while some are broader than others, many were specifically designed as compensatory education to meet the needs of disadvantaged children.

It is possible to select a published curriculum and use it almost unchanged. But in practice, it is usually preferable to modify a standard curriculum to suit the viewpoint and needs of the program being planned. When combining parts of different curriculum models, the planners must be sure that these parts are compatible, that they are not repetitious, and that the finished program sets up a rational sequence of learning experiences for the child.

The program planners should check the models they plan to use on at least the following points.

- How do the *goals* of the model curriculum compare with the goals of the program? What would have to be added to or deleted from the model to meet program goals? For example, does the curriculum allow for children from different socioeconomic groups or of different ages, if these are goals of the program?
- What *resources* does the model curriculum require in terms of staff and parent time consultation, and equipment? What resources are available to the program?
- What *staff training* does the model curriculum require? Does the new program have the resources for that training? How do the caregivers feel about the training required to implement the program?
- What *ethnic elements*—language, customs, identity—are present in or can be introduced into the model curriculum? Are they compatible with the ethnic emphasis of the new program?
- What is the *role of parents* in the model? Is it acceptable to the parents being served by the program?
- What is the *role of children* in the model? Is it compatible with the viewpoints of the caregivers and the parents and with the needs of the children?
- Has the model curriculum been *replicated* by day care programs in other communities? If not, do the day care planners wish to experiment with an untried curriculum?
- Has the model been adequately *evaluated*? Do the planners want to adopt a curriculum which seems promising on paper but which may be proven ineffective or unacceptable?

In addition to these eight specific questions, several general considerations are worth remembering while reviewing the extensive literature about preschool curricula.

First, it should be recognized that differences in the *descriptions* of curricula—particularly of their rationales—may be much more pronounced than differences in the actual preschool programs which follow the different models. Written descriptions may not fully convey what really happens in a quality program when mature, thoughtful, and concerned caregivers respond to individual children.

Second, it should be clear that a curriculum is not an impersonal "thing" that shapes a child's ordered experiences in day care, but it is a *way of acting for the caregiver*. Curriculum is a discipline, an interpersonal style, an organized way

of looking at children's behavior and feelings which guides the caregiver in his or her relations with children. The curriculum conveys a conception of the caregiver's appropriate role in relation to children and parents. It increases the caregiver's awareness and focuses his or her attention on different aspects of the children, their parents, and the community.

Training programs for caregivers need careful thought. Training in the use of a formal curriculum may alter the caregiver's general way of dealing with children in all the varied events of day care. The methods of the particular curriculum may influence noncurricular activities such as ways of greeting the children in the morning, helping them with meals, dealing with accidents, expressing personal satisfaction or displeasure, or talking with children during play. A caregiver's training may thus make him or her more responsive to children as people with a broad range of feelings and ideas, or it may tend to dull his or her sensitivities to certain aspects of children's lives. It may help the caregiver perceive the educational opportunities that occur throughout a child's day, or it may lead to less concern about the parts of the day that are not "educational."

The 12 curricula summarized on the following pages cover a wide range of philosophy, goals, staff training, and required facilities and materials. Two of the models are not curricular in any usual sense: the enabler model is an approach to consulting for ongoing programs to clarify goals and improve curricula; and the Florida parent-educator model offers a way to bridge the gap between the preschool program and home.

These 12 examples serve as an introduction to the variety of curricula that has been developed. Their appearance here should not be taken to mean that they are the best available or that they are equally valuable. Other excellent curricula are available, and several described here are clearly less completely thought out or not as well tested as others.

These 12 are relatively well known through their use in the Head Start planned variation project, an experimental program aimed at evaluating the impact of different curricular approaches to preschool education. They indicate the range of differences, as well as the similarities, in preschool curricula today. Data about the effectiveness of most are available from their developers, and comparative data are becoming available from a national evaluation and from several comparative studies.

The descriptions of the model curricula do not follow a rigid format but generally cover the following points.

- General orientation—the broad philosophical background or psychological theory behind the way the model deals with children's educational and developmental needs. In some models, this orientation is a theory about the way children learn. In others, it is a viewpoint about the conditions for development of general competence or a view of what children will have to know in order to cope with elementary school.
- General objectives—what the curriculum aims to achieve. For example, some objectives are to teach coping skills necessary for entering and succeeding in elementary school, to impart straight academic knowledge, and to support general social and emotional development.
- Staff and materials—including required teacher training, the need for specialists, classroom materials, and special facilities.
- Curriculum structure and content—including the role of the teacher, the role of the child, the role of play, the role of reward, and special approaches to language development.

One way of classifying curricula, discussed in the preceding chapter, is by the degree to which the actions of the caregiver are spelled out in the curriculum. At one end of the spectrum are curricula which are relatively open and child-centered, such as the Bank Street model. In these, the teacher is trained to be sensitive to each child's individual activities and needs and to follow the leads initiated by the child. At the opposite end are curricula which are much more programed, such as the academically oriented model. In these curricula, the teacher's performance is prescribed by the curriculum. In turn, the teacher directs the children through a planned sequence of formal learning exercises aimed at imparting a specified body of knowledge. Between these two extremes are models such as the cognitively oriented curriculum, in which the teacher structures some activities but is also sensitive to each child's capacities and follows up the leads initiated by the child.

The following descriptions are roughly grouped along this spectrum, from the most child-centered, open-ended curricula to those most teacher-directed and programed.

Despite their various theoretical bases and the obvious differences between the extremes, the different curricula overlap in many ways. All

attempt to guide or shape the behavior and intellectual development of preschool children, and the children's abilities and needs obviously limit what any curriculum can expect. All the curricula tend to make use of common materials that are available and acceptable, such as paper, crayons, and books. All but one or two clearly make use of the range of teacher-child interactions that are recognized as helpful for development—praising, guiding, setting limits, providing a model, offering opportunities for exploration, providing experiences of success, responding to children's actions. And each curriculum has to take into account the social, emotional, and cognitive developmental levels of the children and the capacities of the staff—which in most ways are more similar than they are different. Since in many aspects, the teachers, the methods, and the materials are not fundamentally different, it is not surprising that all curricula have many elements in common. Still, in some important ways, different curricula lead to very different types of both teachers and preschool experiences for the children. This is especially apparent when comparing curricula at the opposite ends of the spectrum.

The 12 exemplary curricula included in this chapter are described in the order shown below. The names in parentheses are the individuals or organizations most closely associated with the design or implementation of each. Mailing addresses are listed at the end of this chapter.

Bank Street model (Ms. Elizabeth Gilkeson)
Open education model (Educational Development Center)
Institute for Developmental Studies model (Dr. Edward Ponder)
Responsive model (Dr. Glen Nimnicht)
Tucson early education model (Dr. Ronald Henderson)
Cognitively oriented model (Dr. David Weikart)
Primary education project model (Dr. Warren Shepler)
Responsive Environments Corporation model (Responsive Environments Corp.)
Academically oriented preschool model ("Bereiter-Engelmann" or "Becker-Engelmann." Drs. Wesley Becker and Siegfried Engelmann)
Behavior analysis model (Dr. Don Bushell)
Florida parent-educator model (Dr. Ira Gordon)
Enabler model (Dr. Jenny Klein)

The Bank Street College Model

The primary objective of the Bank Street College curriculum is to enable each child to become deeply involved and self-directed in his learning. It was designed as an individualized, child-controlled curriculum for black, white, and Puerto Rican children, 3 to 5 years of age, from urban, low-income families.

The method aims at the development of the whole child, including his ability to direct himself. It attempts to make the most of learning potential and to help the child build a positive self-image as a learner. It promotes physical and social well-being, increases the family's understanding of children's development, and brings the support of community agencies and resources to children and their families. The model relies on the intrinsic rewards of learning and achievement, supplemented by reinforcement and praise from the teacher.

The teacher's role is to provide a model of mature social relations and to design learning experiences which give the child opportunities to think for himself and which introduce him to the pleasure of learning. Each child makes choices and determines the sequence of his activities. The teacher becomes familiar with each child and develops an individual curriculum according to the capabilities and interests of each. She or he respects the child, accepts his work, and gives encouragement and reinforcement.

Some of the more specific objectives of the Bank Street model are to help the child acquire and use some of the formal language skills together with concepts such as color, size, and shape; to stimulate the child to become more familiar with his environment; to build trust and respect for adults through their close involvement with his experiences; and to help him understand and control his own emotions.

Sensitive teacher training, including supervision, is indispensable. Teachers must understand child development and must be prepared to respond with learning opportunities appropriate to both the child's development and his interests. The teacher must also be able to respond with understanding and warmth to the child's efforts—to his attempts as well as to his accomplishments.

Teacher training requirements are spelled out in Bank Street publications, together with discussions of staffing, descriptions of projects, room organization, and other details. Bank Street offers a number of materials for the training of

teachers and aides, including slide presentations, video tapes on teacher behavior, audio tapes dealing with how to handle various problems, and illustrated booklets.

The classroom is the child's workroom where he is free to investigate objects and explore materials. The model emphasizes learning materials which permit the child to initiate their use. These include blocks, equipment for sand and water play, a housekeeping corner, equipment for large motor play, math and science materials, art materials, books and pictures, and a wide variety of manipulative materials. Teachers are encouraged to create new materials relevant to the child's own experience.

Play is seen as an important means through which the child integrates knowledge, skills, and feelings. Through play, the child is encouraged to interact with people and with the objects of his environment and to develop the capacity to satisfy his emotional needs in mature, acceptable ways.

Conversation and questioning from both children and adults is characteristic of a Bank Street classroom. Children are encouraged to talk in their own way, but adults provide a good language model. Teachers record and display the spontaneous language of the children. Children dictate and illustrate their own stories. Teachers read to the children and encourage them to take roles and tell their own stories. Each child has an opportunity to talk and work with an adult or a small group daily.

Parents participate in overall planning and running of the program and as paid or unpaid aides. The model provides training for employment in the program, as well as career development programs for parents. Parents participate on a curriculum committee, in conferences with teachers, in prenatal and perinatal instruction, and in staff presentations and lectures. The program's deep family involvement includes after-school programs for older siblings and education about health, nutrition, and social services.

The Open Education Model

This action-oriented model has a strong ideological viewpoint but a less well-developed methodology. It is both child-controlled and teacher-controlled; class activities arise from the needs and interests of the entire group—children and teachers—rather than from a prescribed curriculum. The open education model has two main goals: (1) to create a classroom environment responsive to the individual needs of children, as well as to the talents and styles of teachers; and (2) to help schools make drastic changes in the educational environment they offer young children.

The open education model has been used in elementary schools in the Head Start follow-through project. It is based on the idea that American schools generally—not only in poverty areas—fail to provide a broad humanistic education. The intent is to increase the energy and vision of people in the school system through their association with the open education program and to depend on these people to make long-term changes in the whole system.

Specifically, the model attempts to develop the concept of advisory teams made up of supervisors, teachers, and others to help teachers. A teacher operating in an open framework—with freedom to structure the program for the needs of the participants and with children taking part in planning their own education—needs strong and continuing support. The advisory team conducts orientation courses for teachers and administrators; works with teachers in the classroom; provides appropriate books and materials; develops new equipment; conducts parent programs; and helps school administrators with problems of classroom change.

The teacher's main role is that of resource person and experimenter. Teachers become closely involved with the children and learn to sense their interests and abilities. For example, when a child appears ready to read, the teacher experiments with different methods of instruction to find the one best suited to the individual child.

The model does not sharply distinguish between work and play. Children enjoy their work and work at playing. Play is seen as a situation in which insights can emerge, words can be learned, relationships discovered, and mathematical principles mastered.

The model advises dividing the classroom into five or six areas for interests such as math, language arts, science, art, music, and blocks, together with a larger open space for group activities. Materials are purchased, made or invented as the need arises. The method discourages the use of purchased kits and prescribed work materials.

The underlying philosophy of this model can be used by caregivers in family day care, but the materials and methods, which are relatively vague, have less direct applicability.

Institute for Developmental Studies Model

Originally designed as an enrichment program for children aged 4 to 9 from poor, urban black families, this model emphasizes both cognitive and emotional development. Its major goals are to help the child experience a degree of success with academic skills and a sense of independence and competence as a learner. Areas of emphasis are concept formation, perception, language, self-image, and social-emotional growth.

The program assumes that an orderly sequential presentation of stimuli is important to the child's development. It is also assumed that the child's potential intelligence is not fixed at birth, but that his development depends on the quality of his interaction with the world around him. Changes in his environment can produce significant changes in his willingness and ability to learn. Mastery of language and other symbolic systems is considered especially important to intellectual development.

This curriculum is largely child-controlled but is guided by teachers according to the child's individual needs. Parent involvement is considered necessary for full development of the skills and concepts which the child will need in public school. Teachers work with parents as partners in order to have a continuity between the preschool program and home.

Since the curriculum is highly individualized, the teacher has to continuously evaluate each child's level of competence and tailor activities and materials to the developmental level of each. The teachers themselves are supervised and supported by inservice training. Learning materials have been designed by the Institute for Developmental Studies, but teachers are helped to make new materials and to modify existing materials.

Children are encouraged to use language to label persons, places, and objects; to use words in extended and increasingly complex sentences; to participate in prolonged verbal exchanges; and to use language in the solution of problems. The development of language, concepts, and perceptual or sensory skills is integrated so that all three lead toward the ability to relate, classify, and generalize about ideas and objects.

This model sees directed play as a means to intellectual and emotional development. The children can choose freely from a range of activities during specific periods each day, and they are encouraged to become actively involved in whatever they are doing.

The Responsive Model

The responsive model focuses on helping children develop intellectual abilities and a positive self-image. It emphasizes the child's sensory and perceptual abilities, language development, concept formation, problem solving, and abstract thinking. The child is encouraged to explore and find answers from responsive people, materials, and equipment.

The program is based on an autotelic discovery approach. An autotelic activity is one which helps the learner acquire a skill, learn a concept, or develop a useful attitude. It is self-rewarding and independent of external rewards or punishments. In many games, for example, the reward is winning or successfully completing the game. However, if the child does not win, he can stop playing or play with someone else; if he does not complete the task, he can leave it and perhaps resume it at another time. There are no punishments inherent in the activities and none imposed by adults anxious for the child to perform in a particular way.

The model emphasizes responsiveness to the child, rather than the child's responsiveness to the situation or the teacher. The program must therefore be tailored to the individual children who participate. It has been used with low-income black, Mexican-American, Spanish-speaking, American Indian, and Chinese-American children, as well as with middle-class white children. In each case, the child is encouraged to explore and find answers from people, materials, and equipment that respond in his own terms.

The teacher determines the skills and concepts that the children are to learn. The teacher must be an acute classroom observer who can intervene without being overly intrusive, can participate with children, and can guide spontaneous activities. The teacher also uses "learning episodes" which are planned and structured game-like activities (described in detail in a series of six booklets, *The New Nursery School*) that bring the children into situations where the teacher can exercise guidance.

In teaching the precise use of language, the program emphasizes (1) modeling, which uses the consistent language patterns of the teachers as models to expand the children's use of language; and (2) teaching or guiding, which starts with the child's own speech, idiomatic expressions, dialect, and accent and slowly helps the child acquire competence in standard English. The program has been used successfully with children whose primary language is not English.

There is no formal distinction between play and work in this model. Toys and games are chosen which are responsive to children and which help them to learn. Parents are encouraged to participate as paid assistants or volunteers and to attend meetings.

This model can be adapted for family day care if the caregiver is adequately trained and supported by consultation.

The Tucson Early Education Model

This curriculum was originally designed for children in grades one to three, from low-income Mexican-American families. It is now used by more than 7,000 children, ages 3 to 9.

The model is based on the assumption that participation in the technical, social, and economic life of contemporary America requires that the individual learn particular skills. The major objectives are development of:

- language competence
- intellectual base—the skills assumed to be necessary for learning, such as ordering events by size, color, and forms; sequencing according to time; paying attention; organizing one's behavior; evaluating alternatives and making choices; and detecting and imitating significant behavior in others
- motivational base—the collection of attitudes and behaviors related to productive social involvement, such as willingness to persist, expectation of success, and willingness to change
- social skills, including fluent speech in social situations, cooperation, and ability to participate in democratic processes.

The curriculum is carefully structured, but flexible enough to allow choices in activity and behavior and to permit children to develop at their own rate. The teacher acts as a model for behavior and also directs the child's attention toward significant behavior in others. The format provides frequent opportunities for small group and one-to-one interaction between adults and children. Teachers can use carefully planned, well-structured lessons with three to six children at a time. However, there is a strong emphasis on building on the ideas and ingenuity of teachers and staff to provide learning material.

A crucial ingredient of the program is the *program assistant,* whose function is to introduce and maintain innovative practices. The program assistant requires special initial training and acts as a "change agent," visiting the classroom each week, presenting new techniques and ideas to the teacher, and helping the teacher coordinate activities. The desired ratio of program assistants to teachers is about one to five.

The classroom is organized into interest centers equipped to provide open-ended experiences, so that children at different levels of development can learn by interacting with the materials. Most materials and equipment are those found in well-equipped preschool classrooms. Since play is considered the method by which children reconstruct the realities of life and master significant ideas, learning centers are used for both work and play.

Language development is one of the four major goals of the model. The curriculum includes acquaintance with linguistic labels, concepts, and language forms and an awareness of the function of language. Reading is not taught as a separate skill, but a "reading environment" is created and maintained within the classroom and, often, reading gradually emerges.

The emphasis on work with small groups and use of the teacher's ideas makes this model adaptable to family day care if the caregiver is perceptive and ingenious. However, initial training and continuing consultation from a program assistant are valuable.

The Cognitively Oriented Curriculum Model

This model is basically derived from the theories of Piaget but brings together the ideas and practices of a broad range of preschool approaches. Originally designed to promote the cognitive development of disadvantaged children, aged 3 and 4, it has two major program components: the classroom program, developed through active participation of the teaching staff; and the home program, in which the teacher works with the parent to promote the cognitive growth of the child.

The curriculum is both child-controlled and teacher-controlled, since children may choose freely from among several structured situations in their day's experience and since teachers develop individual daily lesson plans for each child. Learning objectives are stated in terms of specific behavior desired as a result of the learning activity. Learning opportunities are presented sequentially in four levels:

- the object level—experiences with real objects and places
- the index level—opportunities to recall an object when presented with an aspect or a

part of it

- the symbol level—the use of pictures, models, and dramatic play in place of real objects
- the sign level—the meaningful use of words and numerals.

Teachers using the cognitively oriented model need intensive training, which is offered by the High/Scope Foundation. The teacher, with the help of a curriculum assistant, must be able to write daily lesson plans and individual sequential plans for each child. The strong emphasis on observation of each child requires intuition and sensitivity as well as training. Teachers also make monthly visits to each child's home. Working with the parents, they develop and teach specific home activities to help the children become better thinkers. The emphasis placed on continuity of learning involves the parents in the day care experience and helps to support the activities of the program.

The model recommends that learning materials be divided into four interest centers in the classroom: a block area, a house area, an art area, and a quiet area. Equipment is stored in the area where it is used, and cabinets and shelves are labeled with pictures of the objects stored.

Language is not taught as a separate subject but is made a part of all the learning experiences. Teachers encourage children to speak and help them to use language more precisely to describe concepts and feelings, as well as to convey information.

Play is considered one way children learn. There is no sharp division between work and play, but all learning activities are labeled "work." The largest block of time in the day is "work time," when the children select their own areas of interest and activities.

The materials required for this curriculum are within the reach of a family day care program, and it can be adapted to a small family setting, as discussed in the next chapter.

The Primary Education Project Model

The primary education project model was developed for children from preschool age through the primary grades. In this model, each child has an individual progress plan which allows him to work through finely graded steps of curriculum at his own speed and in a manner suited to his own needs. The teacher designs tasks for the child which will challenge him but which he can achieve. He is never reproached, only encouraged toward further independent achievement.

The curriculum emphasizes the basic skills and concepts a child needs to master school subjects and depends partly on the ability of parents, after training, to teach their own children in support of the curriculum.

Language development is encouraged through normal daily activities. In conversation with children, teachers encourage precise use of language and ask questions which require thought and analysis. The program provides for extensive use of signs and for a wide variety of books that are read to the children and are available for their own use. There are a number of materials and activities to encourage verbal expression, such as recording machines, puppets, flannel boards, and several forms of dramatization.

The Responsive Environments Corporation Model

The rationale for the REC preschool model is that a child's development is related to the quality of the environment, that the environment includes physical space, materials, people, and interactions; that environments can be designed to optimize growth and development, meeting the individual needs of different children; that active involvement and interaction with the environment produce greater growth than passive acceptance; and that activities which are intrinsically motivating are more likely to develop long-term patterns than activities performed for external rewards.

The primary objectives of the model are to develop:

- reading readiness skills and, for those children who appear ready, actual reading skills
- the creative use and comprehension of spoken language, including improved vocabulary and language patterns
- basic mathematics concepts
- the child's self-image as a successful learner and a worthwhile person
- appropriate learning attitudes and habits.

REC attempts to provide environments which will be responsive to the child's needs—that is, which invite active involvement at his own stage of development and which show him the results of his actions. Learning materials are designed to be self-corrective, to make it immediately obvious to the child whether his action is correct or incorrect.

The REC classroom is designed to contain an interrelated series of support systems. A support system may be a group of materials, technical

hardware and software, or the physical design of the room. These systems support classroom activities and enable the teacher to spend the greatest part of her time working with children individually or in small groups. A striking technical innovation is the "Talking Page," a child-operated device which permits exploration of the meanings on a printed page with the aid of a recorded voice. It permits the child to advance at his own speed and to go back over specific details as often as required. Teachers must be trained to use the special materials and also need frequent onsite consultation.

The REC model is both child-controlled and teacher-controlled. The model calls for a balance between structured and unstructured activities, between direction from the teacher and free exploration by the child, and between individual and small group activities (large group activities are minimized). Play, like all other activities, is regarded as a learning opportunity.

The teacher's role emphasizes work with the children individually and in small groups and minimizes activities with the entire class during which many children must remain passive. A teacher may structure some small group activity toward a particular objective, or she or he may join an unstructured group to help the children discover and solve problems for themselves.

Home learning materials are provided to enrich the home environment and develop teaching skills in parents. "Home learning units" include manipulative materials and suggested activities. Teachers visit homes to show parents how to use the materials, and parents are also encouraged to volunteer for work in the classroom.

The emphasis on carefully designed materials, and particularly the technically sophisticated devices, makes the REC model expensive. The technical devices have been used in relatively few programs.

The Academically Oriented Preschool Model

This model is based on the belief that every child can achieve uniform academic goals if he receives adequate instruction and if there is a payoff for learning. Using programed materials, the approach emphasizes *teaching* the child rather than exposing him to "enrichment" experiences, which are thought to be irrelevant to preparing for success in school.

The main program objective is to speed the development of skills in language, reading, and math. Originally, the program was designed for disadvantaged preschoolers to third grade children with poor verbal skills. Children are placed within the program according to their need for mastering language, reading, and math skills, rather than according to their grade in school.

Language development is at the heart of the program. Instruction in all subjects is verbal. Language lessons are logically sequenced according to level of difficulty and complexity. Reading is taught by a decoding approach: children learn to correspond letters or symbols with sounds then to pronounce sounds in the same sequence as the symbols occur. Spelling is taught by sound.

Language objectives include teaching children basic concepts, the vocabulary they will need in school, and logical reasoning. Science, art, and music receive secondary emphasis. The instructional materials used in the curriculum include Distar reading, arithmetic, and language programs and the IMA art and music programs.

Teachers are trained in the use of the Distar programs, published by the Science Research Institute. They are also taught appropriate sets of teacher behavior which will, in turn, control the behavior of the children in a learning situation. The teacher is responsible for immediate feedback to the child and particularly for rewarding good performance. Rewards include tangible things such as raisins and sugared cereal, tokens exchangeable for trinkets, and warm praise.

Teachers receive extensive preservice and inservice training in the form of video tapes, workshops, and manuals. The model suggests that one teacher and two aides are appropriate for a group of 25 to 30 children and that one teacher and one aide are appropriate for smaller groups.

Play occupies only a small part of the total program time. According to the model, play is not related to academic instruction but is a completely separate activity.

The Behavior Analysis Model

The principal goal of the behavior analysis model is to teach children skills in reading, writing, and math through systematic reinforcement procedures. The teacher analyzes behavior patterns, focuses on those that are to be encouraged, and modifies the child's behavior through reinforcement by offering tokens or praise. The teacher gives close individual supervision to each child's work and assigns each

child learning tasks consistent with his achievements.

Parents are hired and trained to work in the classroom. They quickly become proficient in the two main types of instruction characteristic of a behavior analysis program: tutoring—that is, working with one child at a time to prompt the desired behavior and then reinforce it; and small group instruction—either play groups or formal learning groups in which cooperation and other desirable kinds of behavior are detected and reinforced.

The model makes extensive use of individual instruction through programed material, such as the Sullivan reading program (McGraw-Hill) and the Suppes mathematics programs (Random House). Language development is not treated as a separate aspect. The curriculum materials in reading and writing teach language skills which the children will need in elementary school. Teachers may also introduce a variety of enriching activities during the less structured parts of the day.

Play is involved in the reinforcement system. The children earn tokens during the work period and spend them during the play period to "buy" the opportunity to use play equipment or materials, or to participate in specific activities. Play opportunities include the usual wide range of activities that most young children enjoy.

The Florida Parent-Educator Model

The parent-educator model is not so much a specific curriculum as a model for coordinated development in classroom and home. The *parent-educator* is the link between the two. A parent-educator is a paraprofessional from the local community—usually a mother—who works with parents in their homes each week and also assists teachers in the classroom. The central aim of the model is to maximize the effectiveness of parents as educators in implementing a curriculum chosen by the community in response to its own needs.

In this model, teachers have the role of professionals who assume responsibility for decisions about philosophy, teaching techniques, classroom management, and the use of materials, equipment, and physical setting. They work with parent-educators as team members in planning and developing learning tasks to be presented to parents in their homes.

The parent-educator is the key element of the program. She works directly with parents in presenting individualized learning tasks to each child to help the children develop cognitive skills. She reviews progress on previous tasks and encourages parents to develop new tasks. The parent-educator is a critical link in evaluating the child's progress at home and helping the teacher to take appropriate action in the classroom.

While there is no specific language development curriculum within the model, its goals do include improved listening and speaking skills for the parents, together with increased ability of the parents to reinforce the child's progress toward language goals.

Spontaneous play serves as an indicator of the level of concepts and skills the child has attained. By observing a child's play behavior, teachers, parent-educators, and parents can more easily determine the nature of the home task. Learning in the home is not considered remedial work but is seen as an important part of the child's learning opportunity.

Materials and equipment are chosen by the local program and depend on the curriculum used. However, the materials involved in the home aspect of the program are likely to be those things already available within a home setting or those which can be acquired cheaply.

The Enabler Model

Designed by the Office of Child Development, this is a model of technical assistance and consultation rather than of a specific curriculum. Although it was developed to facilitate local Head Start programs, it can be applied to any day care operation.

The *enabler* is a consultant trained in early childhood education and child development, whose function is to help the community set goals, define ways to reach these goals, and construct its own curriculum. He or she works in a single community, visiting a program approximately 4 days a month during the school year. The central idea of the model is that local community members and staff decide what they want to happen as long-range goals for the children in the specific school year, and the enabler provides regular and consistent support, guidance, and technical assistance.

In this model, the teacher is seen as a professional staff member who participates in the design of the program and encourages both parent involvement and parent education about child development. The roles of language development and play depend on the concerns of local par-

ents, citizens, and staff. The teacher is expected to inform the others about the soundest approaches to preschool education; the enabler helps to define the particular problems and educational philosophies which underlie decisions about language development and play in the curriculum.

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Open Education Model
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Primary Education Project Model
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Chapter 10

Curricula for Family Day Care

Even though most children in day care receive in-home or family day care, most publications about education in day care are intended for centers. Some valuable material has been developed for networks, and several programs have been developed for parents and children in their own homes. But there is now no tried and proven approach to curriculum in family day care which can be recommended for general use. The solo caregiver, without the support of a network or a professionally staffed program, must use common sense and improvise and adapt elements from the available curricular or educational resources.

Yet a family caregiver should not try to imitate the program or the atmosphere of a day care center. Some of the most valuable qualities of home-based care would be lost in the attempt. In fact, centers and schools would do well to aspire to the intimacy, human concern, and rich, interpersonal textures of high-quality family care.

This chapter reviews the trend toward day care outside of centers, citing some programs which offer possibilities for adaptation and pointing out some options available for family day care programs. For the unaffiliated family caregiver who wants to use a curriculum, the best recommendations are to read some of the excellent literature available on child development, such as those references suggested at the end of chapter 2; develop a set of goals; take advantage of the few educational television programs; and concentrate on providing the kind of care one would give one's own children. Above all, the family caregiver should recognize that consistent, affectionate, responsive, and individualized care is in itself the most important element of the kind of program which is close to ideal for most children.

Care Outside of Centers

Most preschool programs today recognize the importance of influences outside a day care center, especially the influence of the parents. Centers have distinct limitations, and experience with center-based programs has made it clear that work with parents and children in their own homes can increase the immediate and the long-term benefits of any day care program.

Many published preschool curricula, such as the cognitively oriented curriculum discussed in the previous chapter, have components specifically designed for parent use in the home. Several demonstration programs have been devised for early intervention in the home through direct work with both the child and parent, and this type of home-based program can be adaptable for a family care situation.

While involvement of parents is not the same as family day care, programs that emphasize the role of the family are worth reviewing because they have important implications for family day care. One such program is the Home Start demonstration program; a variation on Head Start, it is a network of 16 programs funded and administered by the Office of Child Development. Where Head Start cares for children in a center and attempts to involve families for reinforcement, Home Start uses the family in the home as the central agent of change.

Home Start operates through trained home visitors (volunteers, parents, or paraprofessionals) who serve as teachers, models, and friends to the family. They help the parents develop various child-rearing techniques and inform them of community resources. In the home, the visitor discusses problems and achievements with the parents, offering encouragement and suggestions; introduces educational toys; provides activities for all the children together; and gives the parents reading material to use with the child.

Among the reasons for working directly in the home are: (1) evidence indicates that such an approach is both beneficial and economical; (2) a home-based program can benefit siblings who, for age or other reasons, do not attend a center; (3) many families, perhaps a majority, have no center to go to; and (4) since parents are the primary educators of their children, improving their educational capabilities produces significant results with their children.

All these reasons are potential strengths of family day care. In a program similar to Home Start but designed for a network of family day care homes, the visitor could work with the caregiver as well as the parents, or the caregiver could function as a home visitor.

Many local agencies have developed programs similar to Home Start. Most have several elements in common: recognizing parents as the primary educators of their children; psychologically supporting parents, including helping mothers to overcome social isolation; informally educating parents about child development; providing other services, directly or indirectly; and using paraprofessionals and others with special competence to act as agents of intervention.

These programs show the growing emphasis in recent years on home-based developmental activities, guided and assisted by an organization of trained personnel. Similar advantages are possible through family day care which is supported by a central organization. Trained personnel could work with both caregivers and parents to raise the quality of day care, strengthen the family, and provide greater consistency for the child as he moves between home and a day care program.

Programs With Possibilities for Adaptation

Several curricula offer promise for successful adaptation to family day care. Four examples included here show the range of possible approaches: the Ypsilanti home teaching project; the DARCEE training plan for family day care workers; the family day care variation of the mother-child home program; and the Clinch-Powell Home Start project. In addition, an exemplary family day care network is described in chapter 16.

Ypsilanti Home Teaching Project

This curriculum applies the principles of the cognitively oriented curriculum (described in the preceding chapter) to a program of teaching in the home. It has been tested in a pilot project where teachers were sent into homes to provide (1) a tutoring program for the children and (2) a training program for the parents, without any accompanying classroom or center-based program.

Once a week, for one and a half hours, the teacher visits each family. The object is to develop the foundations for intellectual functioning in the children and to develop the parents' skills in language, teaching, and child management. Parents are also involved in periodic small group meetings and are encouraged to use community resources to enrich the experiences of their children.

Home visiting permits a highly individualized program for each parent-child pair. The program is developed by the teacher (with the help of a curriculum development supervisor) as the meetings progress. While programing is flexible, however, all programs stay within the framework of a highly structured curriculum—structured particularly in terms of predetermined cognitive goals and providing step-by-step opportunities for each child to proceed at his own rate. Such a program places heavy demands on the teacher's ability to identify the concepts and skills necessary for each child's growth and to determine a sequence of steps that will provide a base for future learning.

The curriculum emphasizes five areas. The first is manipulative activities, where the child actively explores or experiments with objects, art materials, and motor coordination tasks. The second is dramatic play, which progresses from simple to complex demands on the child's ability to understand visual and auditory ideas and clues, translate them into physical activities, and maintain a correct sequence of events. Physical props are used extensively at first but gradually are eliminated. The third area is perceptual discrimination, with emphasis on body image, form and color recognition, size relationships, and spatial arrangement. Fourth is classification, in which the child is given increasingly complex tasks of organizing objects by the physical attributes of color, shape, size, and use. Fifth is language, taught by the "verbal bombardment" approach. This includes exposing the child to a variety of language patterns supplied by the teacher; directing his attention to recalling events in sequence and objects in their placement in space; giving immediate feedback for the child's responses; and encouraging the child by giving him positive responses, pursuing answers until he is satisfied, and using chance events which attract his interest as occasions for verbal exploration.

A parent is required to be present during the weekly visits to observe the work of the teacher and the child. The teacher also sets aside time to work with the parent directly, giving educational materials and ideas to use with the child during the week.

The pilot for the Ypsilanti home teaching project has produced several findings relevant to family day care. It shows that teachers accept and enjoy home teaching and that the home teaching program, unaccompanied by a center-based program, can significantly influence the general intellectual growth of the child. The project also shows that cognitive growth is strongly influenced by the warmth and verbal communication given to the child. When the parent is not initially able to provide enough of these ingredients, a structured curriculum in which the parent participates can provide positive results.

The method could be adapted readily in a network of family day care. By visiting the family day care home, trained teachers could provide an excellent structured curriculum, individualized for each child. The caregiver, even if previously untrained, would receive invaluable help in learning to work with children and might be able to improve her or his own effectiveness rapidly. Naturally, parents should participate as much as possible, and the program might be modified to include visits both to the day care home and to the child's own home.

DARCEE Training Plan for Family Day Care Workers

The Demonstration and Research Center for Early Education (DARCEE) at George Peabody College, Nashville, Tenn. works to increase the educational potential of children from low-income homes. One of its programs, the DARCEE home visitor program, emphasizes the home as an educational setting and the parents as agents for educational change. Its training plan for family day care workers, an adaptation which concentrates on children and their caregivers, puts less emphasis on the parents.

A home visitor visits the family day care home once a week while the children are present, makes suggestions to the caregiver, and provides a model for caregiving attitudes and skills. The DARCEE plan emphasizes that there is no standard "lesson plan" for a visit; since all people are different, every visit will be different. The plan does have explicit overall objectives from which the visitor selects specific detailed objectives for each visit. The visitor plans how she or he will attempt to reach the objectives and selects materials to take on the visit. After the visit, she or he evaluates progress against the objectives and makes or changes the plans for subsequent visits. Overall plan objectives include:

- *General.* Teach and show the caregiver the effects of physical environment and the value of orderly patterns of activity. Teach and demonstrate interaction patterns between caregiver and child, positive reinforcement, caregiver's use of language, and encouragement for social communication. Develop perception of the differences between children.
- *Developing caregivers' specific skills.* Teach and demonstrate such caregiving skills as how to gain attention; how to read and tell stories; how to structure new situations or activities; how to develop materials; how to use unplanned situations for teaching; how to use common objects, like household implements, or common activities, like grocery shopping, for teaching; and how to encourage positive attitudes in the child toward himself, others, and the day care program. Show that children develop sensory skills through interaction with others in any situation at any time. Improve abilities to plan, implement, and evaluate an activity.
- *Motivating caregivers.* Increase the caregiver's realization that her or his attitudes and standards have a decisive effect on children. Show that children need affection, guidance, and discipline.

The evaluation of the DARCEE program includes procedures by which the results of each visit are compared with the objectives for each visit; techniques for later visits are modified, and, when necessary, the training program for home visitors is modified. DARCEE is also attempting to develop family day care research.

The DARCEE program could be used by a day care network with little or no change. But two requirements would have to be met: first, a central staff would have to coordinate and support the activities of the home visitors; and second, the home visitors would have to be supervised by professionals trained in child development. Given a reasonably stable group of caregivers, the DARCEE program should result in rapid upgrading of the quality of child care in the whole community.

Family Day Care Variation of the Mother-Child Home Program

This experimental approach to a day care curriculum is an extension of the mother-child

home program (MCHP) of the Family Service Association of Nassau County, N.Y. The MCHP is designed to improve the cognitive experiences of disadvantaged preschool children. With primary emphasis on stimulating verbal interaction, the immediate goal is to raise the child's measured IQ. The variation program is designed for family day care situations with the intention of keeping both the caregiver and the mother fully involved in a child's development.

MCHP has four major components: (1) direct work with mother-child pairs; (2) trained "toy demonstrators" to work with the mother and child in their home; (3) carefully selected verbal interaction stimulus materials (VISM)—toys and books—as the basis for activities of mother, child, and demonstrator; (4) supervision, including selection of VISM, development of presentation methods, and monitoring of the work of toy demonstrators with each mother-child pair.

Toy demonstrators (TD) visit the mother-child pair twice a week. On the first visit, the TD introduces a VISM book or toy to the pair, demonstrating verbal interaction techniques with the child and encouraging the mother to follow this example. The second visit is a review of the mother-child interaction. IQ gains, measured by pretesting and posttesting, have been statistically and educationally significant, both when professional social workers served as TD's and later, when trained nonprofessionals were used. And the program has been replicated without losing effectiveness.

MCHP is a relatively low cost program. One model budget for 80 children, using both paid and unpaid TD's, shows an annual cost per child of $367.

The family day care variation of MCHP involves the TD, caregiver, mother, and child in verbal interaction. Subjects of the experimental program are 2- to 3-year-olds who are in the family care home every day. As in the regular MCHP, the mother has an initial interview and the child is tested. Before working with the caregiver, the TD establishes a relationship with the mother and child, and they work out times when they can converse on the telephone and meet on holidays or weekends.

The TD takes the VISM books and toys to the child at the day care home and demonstrates the verbal stimulation techniques to the caregiver, who in turn demonstrates them to the mother. The mother takes the VISM home for further use. In addition to their regular contact, the TD is encouraged to contact the mother (with the caregiver's knowledge) and tell her about particularly good demonstrations and progress. There are also regular evaluation interviews with the parents and caregiver.

Potential difficulties exist and should be recognized: the arrangement can bring competition between the caregiver and the mother; it may reinforce a caregiver's tendency to assume authority; the caregiver may not believe the mother capable of working with the VISM and may retain that role for himself or herself; and the mother may respond by permitting the caregiver to assume the entire task, thus abdicating her role. All of these problems can be avoided with planning and with open communication among parents, caregivers, and the TD. The program offers the possibility of improving family day care efficiently and economically. Perhaps the greatest significance of the family day care variation is not the particular curriculum chosen, but the fact that a way has been found to combine a developed curriculum, professional teaching, and parent involvement in a family setting instead of a center.

Clinch-Powell Home Start Project

The Clinch-Powell Educational Cooperative operates a Home Start project with features which might readily be adapted to family day care.

The project was designed to meet the problems of one of the poorest sections of Appalachian Tennessee: a population with low median education—more than 50 percent have not completed school; the geographical isolation typical of a predominantly rural area; a low expenditure per pupil for public education; a high percentage of nondegree teachers; plus unemployment and poverty. It has received wide recognition and includes educational television programs, classroom activities in a mobile classroom staffed by a trained teacher and aide, and regular home visits by trained paraprofessionals.

One aspect of special significance to family day care is the use of the "Captain Kangaroo" television program. The project has worked out a special arrangement to receive "Captain Kangaroo" scripts a few weeks ahead of time. The Home Start staff then works out curricular materials, each week preparing a parents' guide with a message for parents, the subjects of the "Captain Kangaroo" show for each day, sug-

gested activities in the home related to the television program, and a list of supplies needed. The staff also prepares a weekly teacher, aide, and home visitor's guide with objectives and activities for the week—many related to the television program—and games, songs, or other materials for parents and visitors to use. Parents are encouraged to watch "Captain Kangaroo" with their children whenever possible and to discuss what happens on the show.

In a network of family day care facilities, the central staff might well work out similar materials for caregivers to use with a number of educational TV programs, such as "Mister Rogers' Neighborhood" and "Sesame Street." Even if scripts of the programs are unobtainable, some family caregivers can follow up leads and suggestions from the programs. The Sesame Street Magazine is available on newsstands, and other "Sesame Street" materials can be used to plan activities to supplement the program. Several phonograph records of stories and songs from "Mister Rogers' Neighborhood" can help to reinforce the mature social and emotional thrust of the program.

A major effort to bring together the resources of several acceptable TV programs would be of the greatest benefit to day care planners and caregivers. Guides and other materials would be invaluable for the many caregivers who have no contact with a network or center, as well as for parents caring for their own children at home.

Until such help is available, caregivers who operate without staff support can still watch appropriate programs with the children, discuss program content, and work out related activities. Even this improvised use of educational TV programs for an hour or two a day can draw caregivers and children together and expose children to a wide range of knowledge, experience, ideas, and recreational possibilities.

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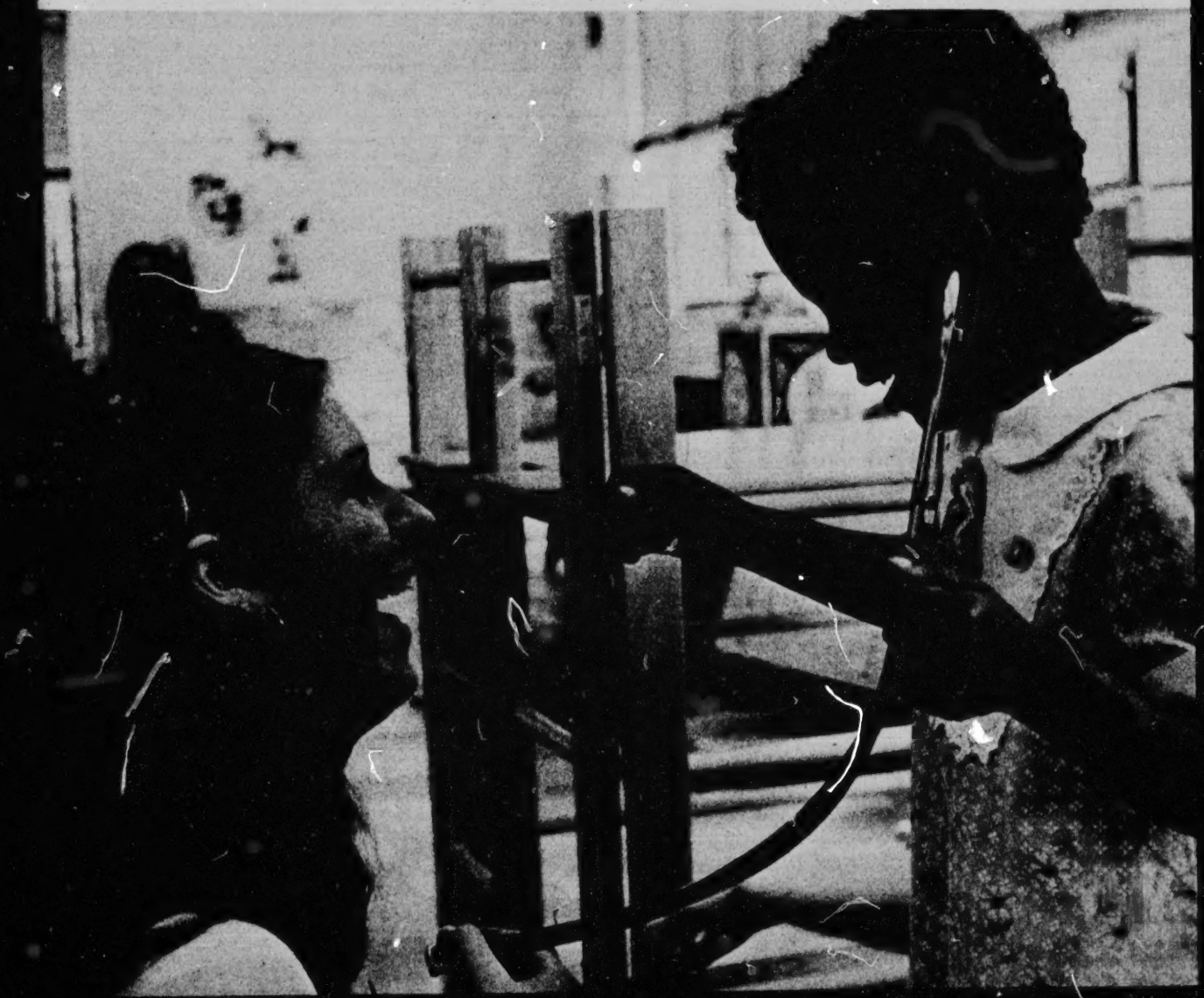

Chapter 11

Health, Psychosocial Services, and Consultation

Quality day care is concerned with the whole child. A child is not a mind in the morning, a stomach at noon, a set of muscles in the afternoon, and a collection of feelings at odd moments in between. He is a person in his own right, a whole child all the time. He cannot function well in a learning situation if he is hungry, sleepy, or ill. He cannot respond freely to a stimulating day care setting if he is afraid his own home life may disintegrate.

Services to promote physical, psychological, and social development are needed by each child and family and must be integrated to be fully effective. When they are separate and uncoordinated, inefficiency and even conflict may result.

Services can be integrated when they are either provided by, or coordinated by, a single institution. But in our society, a gap exists in the provision of these resources for children between the years of infancy and the school years. In most communities, health and psychosocial services are offered by different agencies, and few communities have a single agency to coordinate services for the preschool child. Even in later years, most schools are unable to take the whole responsibility. Unless the parents have the knowledge, initiative, and means to procure services for their own families, their children may go without resources they need.

Day care can fill the preschool gap and, in fact, can fill it more readily and more fully than most other institutions. The day care program need not provide all services directly; few programs could afford to keep all the necessary specialists on their staffs. But virtually any program, with the help of consultants, can arrange for and coordinate services already available in the community. The use of consultants, detailed later in this chapter, is often the key to providing services, particularly health and psychological services.

The Role of Day Care in Coordinating and Providing Services

Day care is in a strategic position to supply, facilitate, and coordinate services to children and their families. Next to a child's parents, his caregivers are usually the persons most closely acquainted with his progress and problems, as well as with special opportunities to provide services.

Although the size of the program should not be a barrier to the provision of services, coordinating and providing services is more difficult for a small, unaffiliated program than for a larger program. When family or in-home day care is supported by a network or an agency, the organization can help assure that services are available. But—whether the program is large or small, affiliated or not—the needs of the children are basically the same, and a caregiver who understands these needs will do everything possible to see that necessary services are somehow provided.

Every program should have someone responsible for coordinating health and psychosocial services. Professional training would be helpful, but is not a necessity; the ability to work with the families in the program and with community organizations is more important. The agencies that provide services are governed by different laws, regulations, and formal or informal procedures in different localities. The person coordinating health and psychosocial services must be familiar with the local situation and able to work well with those who control services in the community. In addition to coordinating services, the coordinator may also directly provide the services described in the following paragraphs, from initially assessing each family through integrating all available services.

The *initial assessment* of the family takes place at the intake interview. The interviewer explains the day care program and attempts to assess the

strengths and needs of the family. This assessment includes determining which services the family presently receives, which services they think they need, and the services they may not realize they need. On this basis, the interviewer and the family members can discuss new services and can plan to eliminate duplication and conflict by coordinating those now provided. For example, a family may be dealing with three different social workers—one from a family agency, one from a juvenile court, and the third from a hospital. The coordinator may be able to arrange for one to take the lead.

The assessment process requires no specialized techniques other than careful interviewing, perhaps with the help of a standard questionnaire. Assessment does not end with the initial interview but continues as the family strengthens its relationship with the program.

In addition to assessing the needs of the family, the interviewer should also assess the physical progress and further needs of each child. The screening should cover the child's general physical health, including problems and current treatment; his medical history and current medication; and further treatment that may be desirable or necessary. The physical screening should follow the guidelines in the OCD handbook, *Health Services*; its extensiveness depends on the previous care that the child has received and a general evaluation of his current condition.

An *appraisal of the whole child*, of his overall situation and progress, should be made at the time of entry. A staff member, preferably a professional or a paraprofessional supported by a consultant, should be responsible for the initial appraisal and for periodic evaluations while the child remains in the program. In large programs, the progress of each child should be discussed periodically so that each staff member will have all the available information about the child and his family.

There are no quick and easy measurements of the whole person—no scientific test of his ability to form relationships, to engage in imaginative play, or to find pleasure in learning. The best method is sensitive observation by people who care about and are trained in child development. A caregiver who has had many hours with the child is most clearly aware of his situation and progress. (A short book about systematic observation of children is *Observing and Recording the Behavior of Young Children*, by Dorothy H. Cohen and Virginia Stern. See "References," ch. 14.)

Testing raises difficult issues which have become emotionally charged in many communities. Some programs find it useful to conduct formal tests of the competencies of each entering child. If testing is to be required, it should be done only with the approval of the parents, after they have been thoroughly informed about the reasons and the methods for the test and the use to be made of the results.

Formal testing of young children, especially those from a background which is not average middle-American, can be more misleading than useful. Tests are usually standardized for white, middle-class children, and are inherently unsuitable for nonwhite and non-middle-class children, whose backgrounds and experiences may vary widely. Test results are also strongly influenced by the child's anxiety, his motivation to do well, his previous experience with testing, and the situation in which the test is conducted. Standardized IQ tests such as the Stanford-Binet or the Wechsler Intelligence Scale for Children, require specially trained testers.

There are a few simple screening procedures, however, which may be useful as gross estimates of general functioning, if they are used together with observation of the children in the program. These few include the Denver developmental screening and the preschool behavior inventory, both of which can be used by paraprofessionals with limited training.

Records of staff observations of each child's behavior should be kept. These can be a useful way of sharing information among staff members or, in a family program, between the family caregiver and the parents. A simple checklist is useful for noting the child's behavior during certain routines, such as: separating from and reunion with parents; eating, washing, napping, and story time; certain types of play, including favorite activities, interaction with other children, responses to messy activities as well as to structured situations; and selected learning situations.

These records from the day care program can become the basis for integrating and coordinating preschool services, for deciding to refer a child to specialists, and for using particular consultants. In most communities, no other institution will have comparable information or the same opportunity for acting on it.

Confidentiality

In any day care program, caregivers may have access to personal information about the family, and parents have every right to expect this information to remain confidential. A breach of confidence may severely damage the relationship of the program with the family and the community. Confidentiality is a hallmark of professional communication. The staff at all levels must respect private information about the people they serve.

Special problems arise when the program employs people who live in the same neighborhood as the families in the program. Using neighborhood residents as employees or volunteers is a valuable link between the program and the community and gives the children a sense of continuity in their experience. But when staff members know the children's parents both in day care and in a social or business context, it is difficult to maintain confidentiality. It may be even more difficult to maintain the trust of families who know that private information about themselves is in the hands of some of their neighbors.

The program director must take whatever precautions are necessary both to maintain confidentiality and to be able to assure families that personal or potentially embarrassing information will never be released. One approach is to make files accessible only to staff members. In some cases, it may be best to withhold personal information from all except those staff members who have a direct need for it. Some kinds of information may require special precautions—for example, who is living in a child's home or what unusual stresses the child may meet in his family.

There are times when a family may want personal information released to another agency, professional, or school. When a child goes to kindergarten or first grade, the caregivers who have known him in day care can usually provide his new teacher with a rich understanding of the child and his experiences. Or the child's pediatrician or clinic may wish to know about his cognitive skills or personality. When parents give their explicit consent, it is perfectly appropriate for a day care program to release personal information about the child and the family. To reduce misunderstanding, it is wise to have the parents sign a "release of information" form which states the name of the child and to whom the information may be given (the professional, clinic, hospital, or school).

Provision of Services

A day care program provides health and psychosocial services in two ways: through staff-performed services and through referrals to professional services in the community. When consultants are used, they may work with staff members to find better ways for the staff to provide services themselves; the consultants may work directly with families; or they may do both.

When staff members provide a service themselves, they are responsible for all the related actions and results. For example, a consultant-psychologist may help staff members learn to recognize emotional crises in the lives of children and to respond constructively. It is then the staff's responsibility to act on this knowledge.

When the consultant provides the service directly, he or she is responsible for results, and the staff's function is to coordinate contact between children, parents, and the consultant. Thus, a physician may offer a program of physical examinations and immunizations and be responsible for results. The staff's role is to explain the program to parents and children and to help them take advantage of it.

Physical Health Services[1]

A preschool day care program is essentially responsible for seeing that each child and family receives adequate health services from some source. More specifically, this means:

- each child must receive regular health evaluation and supervision services
- each child must be assisted, as necessary, in obtaining medical and dental treatment
- the day care program must have an adequate plan for providing these services, including a regular source of health consultation and a written statement for all staff members on such matters as emergency care and the use of medication.

No child should be excluded from the day care program because of difficulty in providing adequate health services. The program should use health services that already exist in the community to the greatest extent possible. The full use of these community resources helps to

[1] The handbook, *Health Services—A Guide for Project Directors and Health Personnel*, by A. Frederick North, Jr., M.D., describes services which help promote the physical health of children in day care. Written for program directors, physicians, and others concerned with children's health, the handbook covers administration and technical considerations in the delivery of health services. Its contents will not be repeated here.

assure both the child's access to health services after he leaves day care and the introduction of these services to his family.

There are differences of opinion about the value of health screening and routine examinations for children in day care. Obviously, if a child has had the advantage of a physician's care and is in good health, routine examinations and screening are not likely to reveal any problems. However, if children coming into the program have received only sporadic or inadequate health care, examination and screening may be quite productive. Health services have to be adapted to the children and community being served. The psychosocial service coordinator, staff, and parents should feel comfortable suggesting or obtaining more detailed evaluation when it seems appropriate. Routine tests should include a hemoglobin or hematocrit test, urinalysis, and TB test. Other tests may be indicated by the child's situation—for example, lead screening for children who are known to eat things from the ground or who live in old residences. Results of all tests and examinations should be communicated to the parents. The child should have whatever immunizations are necessary; provision should be made for any special or preventive care needed and for a dental evaluation. When special treatment for health or dental problems is required but the parents are unable to obtain adequate care, the day care program should offer as much assistance as possible.

The extent of reexamination and routine testing at yearly intervals or longer depends on the results of a child's initial evaluation, the quality of his continuing health program, and the suspicion of any medical difficulties.

Routine evaluations and screening have little purpose if they are not systematically followed up. This followup is possible in day care, but it can be very time-consuming. If each child is to receive individualized health attention, it is probably wise to schedule the examinations over a period of weeks or months rather than over several hectic days.

Psychosocial Health Care

The time from age 3 to 6 is particularly important for the child to acquire many social and intellectual skills and capacities which are the basis of his psychological well-being. Caregivers should recognize that the criteria for psychological well-being vary individually as well as from one culture to another. A child from an oriental background may be completely socialized within his own culture—polite, respectful, and concerned about his elders—but may seem inhibited in an urban American day care center. And a well-socialized child from an upper middle-class family may become anxious and unable to cope with the busy activity of an inner-city program.

For most young children, the necessities for socialization are supplied by a normally devoted family and the community. Any child may, however, encounter crisis situations where his normal coping mechanisms fail. External events, such as the transition from home care to day care or a divorce or death in the family can be very upsetting. In addition, crises arise in the lives of most children related to certain stages in their development. A child who appears unhappy, aloof, unusually aggressive, or otherwise distressed may be trying to cope with changes going on within himself. Around age 5, for example, a child may begin to feel more strongly drawn toward the parent of the opposite sex and may feel increasing rivalry, still mixed with love, toward the other parent. If all goes well, he will work through his feelings of love and aggression and come to a more realistic understanding of his own role in the family.

Whether a crisis is developmental or caused by external events, it may be followed by important growth if the child acquires new coping skills and new competence. During a crisis, anyone—child or adult—looks to other people for help and is more susceptible to influence by others. His response to the crisis is largely influenced by the material and psychological assistance he receives from others. Crisis situations, then, provide both the danger of negative reactions leading to possible mental disorder and the opportunity for improved mental health through learning better coping mechanisms. The day care staff does not usually need psychiatric expertise but simply needs to offer warm, sensitive, and informed support to the child in crisis.

Psychosocial health services provided by a day care program have two broad goals:

- to promote the optimal psychological functioning of all children and their families and to provide adequate experiences and reinforcement for each child's healthy development *(primary prevention)*
- to be available for assistance when the child fails to progress, as indicated by signs of crisis or difficulties in functioning *(secondary prevention)*.

While these services are not usually separate from the rest of the program activities, consultants—psychiatrists, psychologists, and/or social workers—can play an important role.

As mentioned earlier in this chapter, the consultant may act directly or indirectly. Direct action means that he or she personally intervenes with individual children or groups of children in crisis situations. *Preventive intervention* is direct action by a consultant who knows enough about coping patterns to be able to identify children who are not coping adequately and influence them to adopt more effective mechanisms. This intervention is partly educational and partly therapeutic. *Anticipatory guidance* consists of focusing on children who are facing a predictable crisis and preparing them—through discussion, counseling, role playing, or other devices—to deal with the crisis constructively.

Indirect action means that the consultant helps others in the program deal with the crises of children. The consultant educates caregivers about the normal developmental difficulties most children will encounter and about appropriate responses to them. He helps caregivers understand how these normal difficulties can be prolonged and intensified by mishandling or can be relieved and turned to constructive ends.

Among mental health workers, a strong current trend is away from the conventional child therapy session at a doctor's office. Dealing with the young child's moderate emotional difficulties through his daily contacts—his parents, other members of his family, and his caregivers—is increasingly emphasized. A child in crisis may be evaluated by a psychiatrist, but his treatment is often carried out by the adults in his life with the advice and help of mental health specialists. The caregiver thus becomes part of a therapeutic team.

Indirect action also includes a more general kind of consultation and collaboration, in which the consultant helps the caregivers develop their insights and skills in dealing with children. He may lead group discussions about the children in the program, may sponsor review meetings at which staff members pool information about individual children, or may help staff members see that different treatment by the adults in his life can confuse a child. Indirect action also includes research. Although a day care program only rarely has funds to support a formal research project, important contributions can be made by less formal studies and observations.

Consultants and Developmental Day Care

While this chapter has frequently touched on the use of consultants, the consultant's function is so important yet so widely misunderstood that it deserves separate discussion. Basically, a consultant is a person with special knowledge and experience who works with the day care staff to improve the quality of its care.

Consultants and Consultees

While much literature *for consultants* exists on how to function in different situations, very little has been written *for consultees*—the consumers of the consultant's services—on what a consultant is and how his services can be used. This lack of information often leads to friction, to a feeling that the consultant has failed, or even to new problems for the program.

The problems can be compounded when more than one consultant is at work. Every consultant has his or her own style, methods, personality, and range of interests. Differences can lead to confusion and conflict unless the consultee is careful to establish a clear understanding with each consultant of the definition of the problem, the scope of the consultant's work, and the relations between the various persons and groups involved.

A further problem is that many consultants, although outstanding in their special fields, may understand little about the process of consulting. There are no licenses or credentials for consultants, no universally recognized course of training or body of theory. It is often up to the program director or staff to determine exactly what they want from the consultant and to help the consultant deliver the benefits of his knowledge and experience.

The staff, the parents, and the community need a clear understanding of the kinds of problems that call for consultation; the types of consultants; how they can be found; and the kind of working relationship that should be cultivated with the consultant.

The Need for Consultation

At many different times, the planning committee, parents, program director, or staff may feel the need for consultation about the program as a whole or about some particular aspect. During the program's start-up phase, critical points often arise on which consultation is needed, such as a decision about child : staff ratio, decisions about professional competencies of the staff, problems of funding, community

relations, or a worrisome family or child. Even after the program is operating, the staff may feel a need for consultation for many other reasons, such as feeling that the program is not functioning smoothly, feeling that there are hidden personal or institutional difficulties, a general lowering of group self-esteem, or a clear conflict between individuals or groups. One or more of these needs frequently comes to the surface during times of particular stress: during the initial planning phase, during evaluation, when the program is being expanded or changed, or at times of stress for children and families.

Types of Consultants

In general, three types of knowledge and experience may make a consultant valuable:

- a special area of knowledge, such as health, nutrition, or mental health
- broad knowledge and experience of day care and day care programs
- knowledge of how to reach other consultants and bring their services into the program.

The consultee must understand and determine the problem clearly enough to choose the right type of consultant or choose to do without consulting help. A beginning day care program, in particular, may be beset with start-up problems—such as unclear objectives, untrained staff, or rapid turnover—which are outside the scope of consultation as many professionals define it. Many professionals prefer to remain within their special fields rather than engage in this kind of broad collaboration.

Locating a Consultant

Finding a good consultant may be difficult, since consulting is not generally regarded as a profession and many consultants do not advertise. One way to locate a consultant is through recommendation. Otherwise, consultants can be sought in the places where their expertise is cultivated—universities, medical schools, or other programs for families such as Head Start or a Parent and Child Center. One of the most useful consultants for a new program is the director of a similar program which has been successful. Staff members of family programs may be willing to consult or to recommend someone who will. Community or State agencies may also be able to recommend a consultant. And in a few fields, there are private firms which advertise their services.

One source of confusion is that many State licensing agencies will provide a consultant for a new day care program whose function is usually limited to helping the program measure up to minimal legal requirements, primarily safety and sanitation. He may be extremely useful during the start-up phase but will not take the place of consultants who are brought in to raise the program above minimum requirements.

Before hiring a consultant, a program staff should find out not only the type of consulting he does, but also his professional credentials—training, professional standing, affiliations, and past work with other programs. Once again, it is up to consultees to know what they need.

The Consultant's View of Consulting

Consulting has no hard and fast rules, but most consultants recognize several principles in their work.

- Consultation is a purely voluntary relationship. The person who needs help must ask for it. Consultants do not urge their services upon anyone.
- Consulting is essentially a temporary relationship. The best consulting relationships may be long-term ones, but either party is free to break off the relationship at any time.
- The consultant's first task is to clarify the problem for which help is being asked. The person asking for help may have specific objectives in mind or may be asking which objectives to aim at.
- When the problem is clear, the consultant's task is to help find and evaluate several alternate solutions. He does not write a single prescription but, instead, finds multiple courses of action and describes their implications.
- The day care operator has the right to accept or reject any proposed solution. The consultant cannot and should not enforce a recommendation.

These principles help to define the consultant's role as he sees it. In filling this role, most consultants operate according to a general pattern decidedly different from that of an employer-employee relationship.

The first step is establishing a "consultant contract" which defines the scope of the consultant's work. The contract need not be in writing, but it should be worked out and discussed in detail. The operator and the consultant together decide what is wanted and what will be

provided—for example, suggesting specific improvement; working with certain staff members on their problems; or providing an evaluation or a report. A clear definition of the work to be done is essential right from the start. Many consultants confine themselves to certain kinds of work and may be unwilling to do what the consultee expects. For example, a consultant in mental health may not be willing to help write a proposal for funding, while a consultant in administration might regard the proposal as a normal part of his work. The contract is established at the beginning, but it should be reviewed, more or less formally, many times during the course of the consultant's work.

Next, the consultant and the operator must begin to establish a working relationship. Each will need to become familiar and comfortable with the working style of the other. The operator needs to gain confidence and acquire a sense of trust in the knowledge and competence of the consultant. A consultant regards this step as a definite part of the job, and if a satisfactory relationship does not develop he will expect the operator to discuss the problem and possibly terminate the contract.

In the beginning phase of consultation, the consultant and operator work together for analysis and better definition of the real problem. The results are frequently unexpected. For example, the operator may ask for help in setting up a training program. Careful investigation may reveal that the real problem is high employee turnover due to personal or professional tensions rather than a lack of training.

Depending on the nature of the problem, the consultant may then begin to work with staff members, with volunteers, with a parent advisory committee, or with the operator to develop and evaluate solutions. As the work progresses, the consultant may decide that the real problem is outside his preferred scope, or the operator may feel that the consultant is preoccupied with concerns which are not central to the problem. This divergence of interests is entirely legitimate, and the consultant will expect to discuss it freely.

The Consultee's View of Consulting

The consumers of a consulting service should realize that they have a right to expect certain things from any consultant. Naturally, the consultant should have the expertise for which he was hired, should know how to apply it to practical problems and come up with a number of alternate recommendations, and should work in a professional way. But from the consumer's viewpoint, the consultant needs to be more than professionally competent. Specifically:

- Consultants should listen carefully to what the consultee has to say and keep listening until it is understood.
- They should be aware of the consultees' feelings and of their own and take these feelings into account.
- They should work with staff members to get at the causes behind problems.
- They should define objectives clearly, so that each party to the consultation will know what kind of solution is being attempted.
- They should be able to state things simply and sensibly.
- They should build on the strengths of those with whom they consult, leaving them with feelings of greater adequacy and worth.
- They should claim only knowledge that they really have, understanding and avoiding the temptation to act as an authority on all subjects.
- Whatever the immediate problem, they should keep their attention focused on the real goal of helping people give the children in the program the best possible care.
- They should understand that they will be evaluated by staff and parents and that these people have the right to terminate the contract whenever they find it unsatisfactory.

The Mental Health Consultant

Consultation about mental health is the most complex form of consultation in day care and perhaps the most frequently used. While the previous discussion applies to all kinds of consultants, some special aspects of mental health consultation should be described in more detail.

For those not well acquainted with the field of mental health, it may be helpful to emphasize that the use of a mental health consultant does not imply a condition of mental disorder, any more than the use of a nutritionist implies a condition of starvation. In both cases the purpose is to effect an improvement, not a rescue. Mental health consultation is intended to raise the level at which the program or the staff functions and, by that means, improve the care given to the children.

The role of the mental health consultant is hard to define precisely, since mental health enters into all aspects of day care. The day care

staff, recognizing that day care is concerned with the whole child, his family, and his community, may unfortunately expect the consultant to deal with the whole world at once. Inexperienced consultants may dilute their efforts by undertaking too much and moving beyond their area of greatest competence. The important point is for the consultee and consultant together to agree on a well-defined scope of work and to aim at practicable solutions.

Types of Mental Health Consultation

Mental health consultation is generally divided into four types. A given problem might seem to invite more than one approach, but thought and discussion usually reveal that one type of consultation is most suitable.

The major distinction is between case consultation and administrative consultation. In case consultation the focus is on particular problems rather than the whole program.

- *Client-centered case consultation* deals with problems of individual children and families and recommends how to deal with each particular case.
- *Staff-centered case consultation* deals with how the staff is handling a particular case and recommends better methods and procedures.

In administrative consultation, the focus is on the whole program, its policies, and its administration.

- *Program-centered administrative consultation* attempts to improve the present program or to develop a new one. The consultant shares his knowledge of administration and social systems as well as his expertise in mental health.
- *Staff-centered administrative consultation* focuses on the problems of staff members in organizing and developing the program.

The reason for defining the four types is not to suggest that every problem can be fitted neatly into a pigeonhole, but to emphasize the various ways a problem can be approached and to reemphasize the need for clear understanding of what the consultant is attempting.

Practice of Mental Health Consultation

Like all consultation, mental health consultation has no strict rules, though a few principles are widely recognized. In addition to the general guidelines mentioned, these points should be emphasized.

- Mental health consultation between professionals—consultant and day care director or staff—is a *cooperative* effort to deal with cases or programs. Neither party is superior in the relationship; neither has authority over the other.
- Consultation has two goals: to help the consultee with a current problem and to make the consultee better able to meet future problems.
- Consultation with day care staff members focuses on job problems, not personal problems.
- Consultation usually takes place in a series of sessions. The process may continue indefinitely, but it may be terminated at any time by either party.

When mental health consultation is successful, the process is a developmental one for the staff. Staff members learn to use their abilities better and become more effective in their work. For adults, as for children, such a relationship requires trust, respect, and time.

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Chapter 12

Nutritional Services

Wherever and whenever day care is provided, nutrition and feeding are important elements. Adequate nutrition is essential for sound physical development and is a major factor in intellectual and behavioral growth as well.

The act of feeding itself can also be used to help the child establish warm human relationships. It is an important experience in determining the nature of the parent-child relationship and is part of learning to share and relate to others. As the child learns to feed himself, he learns to regulate his activities in order to satisfy his bodily needs. As different foods are introduced, he learns more about different sources of pleasure and about how to select and accept the kinds of foods needed for a well-balanced diet.

Early childhood is a strategic time for preventing nutritional practices which can lead to such problems as obesity, dental cavities, and anemia. Eating habits and attitudes about food acquired in early childhood may last a lifetime.

Objectives of Nutritional Services

The objectives of nutritional services in a day care program include:

- providing food which will help meet the child's total nutritional needs and promote sound physical, emotional, and social growth, while recognizing individual and cultural food differences and practices
- involving parents and community agencies so that the nutritional care provided in the day care program both complements and supplements that provided in the home and community
- developing an environment for nutritional services which is safe, clean, and pleasant and which will support the use of mealtime as a learning opportunity
- demonstrating the relation of nutrition to other aspects of the day care program and its contribution to overall child development goals
- helping the staff, the child, and his family understand the relationship of nutrition to health and development, the various kinds and amounts of food needed for good nutrition, and how to develop healthful food habits and practices.

Essential Elements of Nutritional Services

To meet these objectives, a day care program must do far more than provide food. The program should contain at least these five elements related to nutrition:

- *Assessment of Nutritional Status and Needs.* Information from the following sources should be useful in planning for nutrition services: from a health evaluation of each child at intake and periodically thereafter; from community agencies on prevalent nutritional needs and problems; and from each family on specific dietary preferences, habits, and problems. Such information can help food service meet individual nutritional needs.

- *Acceptable Nutritional Standards.* The food service must, of course, meet State and local health regulations. Further, it should help each child develop sound food practices, should serve as a socializing experience, and—as far as practical and consistent with other requirements—should reflect the cultural and ethnic patterns and food practices of the child's family.
- *Nutrition Education.* Children, parents, day care staff, and others working with children should be given opportunities to learn about the importance of proper nutrition to growth and development; the factors which affect nutrition; ways to meet dietary needs and to develop healthful food practices; and the roles of children, parents, caregivers, and others in achieving good nutrition.

- *Program Direction from Competent Staff.* The food service staff should be trained in menu planning, food purchasing, food preparation and storage, sanitation and personal hygiene, and should consult regularly with a qualified nutritionist.

- *Outreach.* An outreach program should provide for parent and community involvement in planning and implementing nutritional services; assist families in obtaining food when necessary; and encourage continuity of nutritional care in the home, day care, and the community.

Nutrition and Feeding of the Preschool Child

While each period in the life of the child has its special needs and problems, certain principles hold through all ages. At every age, the diet must provide the essential nutrients—protein, vitamins, minerals, fat, carbohydrates, and water—if the body is to grow and function properly. And general nutrition is affected not only by what is eaten, but by general physical and mental health, rest, work, and recreation as well.

The weekly menu should include a variety of dishes which broaden the children's food experience, while considering cultural and ethnic preferences. A trained nutrition consultant can help obtain information about the nutritional value of specific ethnic dishes and can suggest how to use them in planning a well-balanced diet.

Table 12–1 shows one sample weekly meal pattern for preschool children which will supply all the nutrients most children require. Vitamins, minerals, or other supplements will usually not be necessary unless prescribed by a physician to meet a special need.

The number and kinds of meals and snacks served in the day care program will depend on the number of hours the children attend and the quantity and quality of the meals they eat at home. Children in a half-day program should receive at least one meal and one between-meal snack, and these should provide at least one-third of their daily nutritional needs. Children present for longer periods should have a greater proportion—usually from one-half to two-thirds—of their daily dietary needs met in the day care program.

Mealtimes should be flexible enough to meet children's needs: those coming to the program early in the morning (before 8 a.m.) may need breakfast soon after arrival, while those remaining until late evening may need a light supper in addition to the noon meal and afternoon snack.

Developing Good Food Habits

The nutritional service in day care should help children develop good habits and attitudes toward nutrition by allowing them to experience food and feeding in a pleasant, relaxed atmosphere. Mealtime should be a happy occasion when children and adults can enjoy each other's company. The environment can affect the whole experience. A bright, safe, clean, and well-ventilated dining area adds to the enjoyment of food; if possible, it should be large enough to permit children to sit in groups. Allowing children ample time to eat, serving family-style meals to adults and children together, and providing interesting table conversation will also help make each meal a pleasant experience.

Mealtime furniture should be suited to the size and developmental level of the children and should be safe, durable, and easy to clean. A setting that includes both adult- and child-sized furniture may be most comfortable. Children's dishes and utensils should be selected with respect to their suitability for the children's size and maturity and to such factors as safety, sanitation, storage space, cost, available personnel, and dishwashing equipment. Chairs, tables, and eating utensils suited to the children's size and developmental level will help them master feeding skills and will allow them to participate in serving food to others. Since most children have a hard time using disposable dishes and utensils, these should be used only if they are sturdy enough not to collapse, break, or spill.

Food which is well prepared, attractively served, and suitably portioned for children can also enhance the mealtime experience. Small children usually have small appetites; yet different children eat different amounts, and one child may eat more some days than others. Food should be served in small-sized portions and the children permitted to have more if they wish. Milk and juice, for instance, should be served in small glasses, meat and vegetables cut in small pieces, and bread given in half-slices.

As preschool children begin to take interest in doing things for themselves, they develop noticeable food preferences. Appetites may vary and food "jags" are common. A self-chosen daily diet of peanut butter sandwiches, for example, is quite natural for a 4- or 5-year-old. If such variations and peculiarities in appetite receive no special adult attention, if children are encouraged—not forced—to eat needed kinds and amounts of food, and if food is never used as a punishment or a reward, feeding problems will seldom occur and good nutritional habits will eventually develop.

Table 12–1

SUGGESTED MENUS FOR YOUNG CHILDREN [1]

Based on Meal Requirements for Children 3 up to 6 years

PATTERN	FIRST DAY	2ND DAY	3RD DAY	4TH DAY	5TH DAY
BREAKFAST Juice or Fruit Cereal or Bread Milk Other foods	Orange Juice—½ cup Toast—½ slice Baked Scrambled Egg—2 Tbsp. Grape Jelly Milk—¾ cup	Sliced Banana—½ cup Cornflakes—⅓ cup Milk—¾ cup	Apricot Halves—½ cup Buttered Toast—½ slice Cocoa*—¾ cup	Fruit Cup—½ cup Hard Cooked Egg Half Toast—½ slice Milk—¾ cup	Grapefruit Sections—½ cup Rolled Oats—⅓ cup Milk—¾ cup
A.M. SUPPLEMENT Milk or Juice Bread or Cereal	Milk—½ cup Cinnamon Toast—½ slice	Tomato Juice—½ cup Cheese Toast—½ slice	Milk—½ cup Rice Krispies—⅓ cup	Pineapple Juice—½ cup Toasted Raisin Bread**—½ slice	Grape Juice—½ cup Cinnamon Toast—½ slice
LUNCH OR SUPPER Meat or Alternate Vegetables and/or Fruits Bread Butter/Margarine Milk Other foods	Meatloaf—1½ ounces Green Beans—¼ cup Pineapple Cubes—¼ cup Bread—½ slice Butter—½ tsp. Milk—¾ cup	Baked Chicken—(1½ ounces meat) Mashed Potatoes—¼ cup Peas—¼ cup Carrot Stick Roll**—small Butter—½ tsp. Milk—¾ cup	Chicken Vegetable Soup—½ cup (1 ounce meat) Peanut Butter and Jelly Sandwich (1 Tbsp. peanut butter) Green Pepper Stick Canned Peaches—¼ cup Milk—¾ cup	Beef Patty—1½ oz. Carrots—⅜ cup Apple Wedge—⅛ cup Whole Wheat Bread—½ slice Butter—½ tsp. Milk—¾ cup Chocolate Pudding—2 Tbsp.	Fish Sticks—(1½ ounces) Spinach—¼ cup Canned Pears—¼ cup Corn Bread—1 square Butter—½ tsp. Milk—¾ cup
P.M. SUPPLEMENT Milk or Juice Bread or Cereal	Mixed Fruit Juice—½ cup Peanut Butter Sandwich—¼	Milk—½ cup Oatmeal Cookie**—1	Apple Juice—½ cup Cheese Toast—½ slice	Milk—½ cup Peanut Butter Cookie**—1 Turnip Stick	Milk—½ cup Rolled Wheat Cookie**—1 Cauliflowerets

* Made with fluid whole milk
** Made with enriched flour

[1] *A Guide for Planning Food Services in Child Care Centers.* Food and Nutrition Service, U.S. Department of Agriculture. Washington, D.C., 1971.

Many children eat only small quantities of food at one time, so between-meal snacks may satisfy both hunger and nutritional needs. Of course, snacks should not be served close to mealtime, since they may interfere with the child's appetite for regular meals. Since fruit, milk, bread and butter, cheese, or raw vegetables provide far more of the nutrients needed for growth, they are better snack food than carbonated beverages, candy, and other sweets.

Records

Adequate records are needed for planning and monitoring a day care nutritional service. The following should be recorded:

- a written policy statement, available to staff and parents, on the feeding of children according to their nutritional and developmental needs
- standardized recipes for food preparation
- physicians' written recommendations for any vitamin or mineral supplements or diet modifications prescribed for a specific child
- written reports of inspections by State and local health authorities
- menus and food-purchasing records
- food service budget.

Staffing and Resources for Nutritional Services

Staff members who feed children will need to be patient, cheerful, flexible, and able to tolerate messiness; in addition, they should be healthy and have good nutritional habits themselves. The cook—one of the most important members of the day care staff—should not only maintain high standards of personal hygiene and be able to prepare food well but should also be interested in preparing nutritious and attractive meals. On occasion, she or he should be willing to allow children in the kitchen as part of their nutrition education activities at the center.

One person should have the overall responsibility for the food service. In a family day care program, this person will probably be the caregiver. In a small center, it could be the director, the cook, or a food service worker; in a large center, there may well be a dietitian, dietary technician, or food service supervisor.

Whatever the size or type of day care and the qualifications of the person in charge of the food service, some provision should be made for regular consultation with a trained nutritionist, well-qualified in food service management and knowledgeable about child growth and development. That individual should meet the standards of the American Dietetic Association for a registered dietitian or be a graduate of an accredited college program in nutrition, dietetics, or food service management. He or she should have at least 2 years related professional experience. The consultant might be a member of the day care staff or perhaps might be the dietitian or nutritionist in the local health department, hospital, school lunch program, or other community agency.

Education

Individuals concerned with children's growth should have a knowledge of the factors which influence nutrition and food practices; how to select and prepare the kinds and amounts of food which meet nutritional needs; and how to make economical yet nutritionally sound choices in the food market. Those responsible for selecting and preparing food for children need information and skills in menu planning, in preparing and storing food in a safe and sanitary manner, and in creating a physical and emotional environment which will support both enjoyable mealtime experiences and sound food habits. Educational programs are therefore important for children, parents, and day care staff, either through the day care program itself or through cooperation with local and State agencies and institutions.

Education for Staff

All staff members in a day care center—from the cook to administrative personnel—and every operator of a family day care home should have a basic knowledge of the principles of nutrition and sanitation and of their importance to child health and development. Day care personnel should be given both preservice and inservice opportunities for such instruction.

Training can include workshops and seminars on aspects of nutrition which might be offered by State and local health, welfare, or educational agencies; correspondence courses in nutrition offered by professional organizations such as the American Dietetic Association; and nutrition courses offered by local colleges and universities. A good source of specific information about opportunities in nutrition training is the chief nutritionist in the State health department.

Education for Parents

Since parents are the child's first teachers, it is vital that they have a good basic knowledge of

nutrition and child development.

As one aspect of parent involvement, a day care program may include a formal educational program for parents or may assist parents in using other community resources—such as schools and health agencies—which provide adult education classes in nutrition, homemaking, and consumer education.

Informal approaches can also be valuable. Caregivers can hold individual conferences where professionals help parents with questions and problems; can encourage parents to volunteer in preparing and serving foods for the program; and can have children take home menus, recipes, and other dietary information. Parents can also serve as a source of information themselves. They can, for example, help the day care staff learn more about the foods popular with a particular family or ethnic group, thus adding variety and a homelike touch to the children's menus.

Because the operator of a family day care home deals with only a small number of children, she or he is likely to have quite personal contacts with their parents and can offer even more specialized, informal help. Parents and caregiver can personally share menus and recipes and suggestions and can mutually decide upon specific approaches if a child should have some feeding difficulties. The family caregiver is also likely to know the particular needs of each family and can thus inform them of the available community resources best suited to their situation.

Regardless how informal the approach, day care programs are in a position to help parents better understand the principles of nutrition, home management, and consumer education.

Education for Children

Any day care program can offer a wide variety of experiences which help children learn about nutrition. As children select, prepare, and eat different foods, they learn not only about food and nutrition, but about such things as words, colors, textures, tastes and smells, measures, numbers, sharing, and courtesy.

Such learning need not be restricted to mealtimes or to formal instruction. Preschool children learn best by doing and should be allowed to actively participate in planning meals, in marketing, and in preparing and serving food. They gain more than information; they also gain the satisfaction of sharing in grownup and important activities.

Safe Food Service

If food is to be safe for young children to eat, certain principles of sanitation must be followed in both day care centers and family day care homes. These include clean and wholesome food, proper storage, clean and suitable equipment, healthy food workers, and proper food handling. Well-trained personnel are the key.

Local and State health regulations regarding both the storage, preparation, and serving of food and the health and cleanliness of food handlers should be closely followed. And if food and beverages are obtained from vendors outside the day care facility, such vendors should be in compliance with local, State, and Federal sanitary codes.

New Technology in Food Service

Advances in nutrition science and new technology in food preparation equipment, marketing, and delivery are creating more options in food service management. Advances include formulated or engineered foods such as textured protein, fortified and enriched foods such as fruit drinks with vitamin C or macaroni with protein, and combination or convenience foods such as cup-can meals and frozen dinners, to mention but a few. Meals can be prepared within the day care facility, contracted from a food service management company, or delivered from a central food production unit in bulk or in ready-to-serve or ready-to-heat portions.

Many choices of foods and delivery systems exist, and each has its advantages and disadvantages. Selection will be determined by such factors as availability of food, availability of space and equipment for storage and preparation, capability of the available personnel, size of the food budget, and the objectives of the nutrition program.

Several general principles, however, should be kept in mind. If food is delivered, the delivery system should be flexible enough to accommodate individual needs and group preferences. If food vendors are used, food specifications and standards for safety and sanitation must be followed and the vendors' performance monitored. Those responsible for the food service in the day care program must retain the right to control the quality and quantity of the food, as well as its cost.

And finally, the key point to remember is that the goal of a nutrition program is not merely to deliver food to children, but to enhance the total well-being of the children and their families through the various ways this chapter has discussed.

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Chapter 13

Staffing

The staff is the most important element in a day care program. Teachers and other caregivers influence the development of children more than any specific curriculum or educational methodology. And staffing expenses account for an appropriate share of the budget—75 to 80 percent in a typical quality preschool program.

Obviously, problems of staffing deserve thoughtful attention. The four main issues discussed in this chapter are: (1) the competencies desired in staff members; (2) the number of staff members required for a quality program (the staff:child ratio); (3) continuity of care; and (4) recognition of competency and performance.[1]

The term "staffing" probably brings to mind a large program with many members and possibly an extensive administrative structure. Basic staffing considerations, however, apply to both large and small centers, to networks of family day care homes, and even to single, unaffiliated caregivers.

Competencies and Requirements

The range of competencies required for the staff of a large day care center is, of course, greater than for that of a smaller center or a family day care home, simply because a large program has more staff members, more specialists, and probably a more complex relation to the community.

The *director* of a large day care program must first of all have a basic knowledge of child development and care. He or she must also be able to administer the program; know how to meet requirements for safety and health, nutrition, and mental health service; be able to recruit and guide the staff as well as to hire and dismiss; oversee the physical plant; work with parents and maintain their involvement; collaborate with other community agencies; and secure funding for the program. The job obviously requires a person of ability and experience, and one whose professional training probably includes an academic degree in a field such as early childhood education or child development, or whose experiences and competencies are equivalent to such formal training.

Primary caregivers are those responsible for immediate, face-to-face care of the children. They are the principal staffing concern, since the effectiveness of the program depends on the quality of their interaction with the children.

There are several basic requirements for caregivers in a quality program.

- Each caregiver should be at least 18 years old and able to read and write. (Younger people may help as aides or assistants but should not be considered as primary caregivers.)
- Each caregiver should be healthy enough to perform all duties safely and should have no disease that could be communicated to the children.
- Each caregiver must be willing and able to carry out the activities required by the curriculum.
- Each caregiver must be able to work with children without using physical or psychological punishment; be able to praise and encourage children; be able to provide them with learning and social experiences appropriate to their ages; be able to recognize physical hazards and either eliminate them or take precautions against them; and be willing and able to increase his or her skills and competence through experience, training, and supervision.
- In a program with about 30 or more children, it is advisable for at least one caregiver who is present half the time or more to meet any one of the following qualifications: to have a college degree with course work in child development, child psychology, child health, education, or other directly related fields; or have a high school diploma or its equivalent, plus substantial experience in an educational, early childhood, or day care program; or be

[1] Two OCD manuals, *Staff Training* and *Administration*, discuss in detail such aspects of staffing as selection and hiring, training, sample job descriptions, supervision, and personnel administration. These discussions will not be repeated here.

certified as a child development associate [2] or have similar status because of obvious competence.

- In a program where some of the families do not speak English, there should be at least one caregiver who can communicate with parents and children in their native language.

Although competence and knowledge are very important, caregiving requires considerably more: patience with children, pleasure in caring for them, and a desire and commitment to work as a caregiver. Children need caregivers who like them and believe they are important. They sense these feelings or the lack of them, whatever the caregiver's outward style. The best intentions and training cannot take the place of a real desire to care for children.

On the other hand, lack of training should not keep anyone with the desire and the capability from becoming a caregiver. Ideally, these people could work directly in a day care program as apprentice caregivers and be provided with supervision and consultation. If they receive adequate inservice training and supervision, caregivers need not be required to have formal classroom training first.

Most caregivers are women. Since few children have an opportunity to be with their fathers and other men during the day, and even fewer ever get to see their fathers at work, the presence of men in day care should be encouraged. More men may be attracted to child care careers as these jobs receive more public status and become part of a more definite career ladder.

Volunteers can contribute to almost every aspect of a day care program. Teen-agers, who are often available as volunteers—particularly when a local high school offers courses such as education for parenthood—get an invaluable chance to learn about small children through day care. All volunteers increase the range of contacts open to the children, and a program usually benefits from their energy and enthusiasm. Naturally, volunteers should not be counted as primary caregivers, except in a cooperative program run by parents for their own children.

[2] The child development associate is a new, middle-level professional credential awarded to caregivers who demonstrate competence in areas similar to those listed above. The credential will be granted by a broad-based consortium of national organizations under the sponsorship of the Office of Child Development. In addition to credentialing, this consortium will promote various training programs fo caregivers and work to provide child caregivers with a clearly defined and valued public status.

Staff:Child Ratios

The ratio of staff members to children is one indicator of the amount of individual attention available to each child. Since the quality of a developmental program heavily depends on the amount of adult-child interaction, the staff:child ratio is widely accepted as an important index of the program's potential value.

The amount of individual attention needed by each child varies but is related to developmental level. In general, children entering day care for the first time, those whose development is lagging, who are very active and distractable, or who are unusually inhibited require more intense individual attention than children who are more mature and who have more highly developed social and emotional skills.

For convenience, the preschool years can generally be subdivided into two phases based on developmental differences: children 3 to 4½ years old and those 4½ to 6. Even within these phases, of course, there are major differences between children. Yet, compared to 3-year-olds, children over 4½ are significantly more self-sufficient in terms of eating and toilet habits, are able to play in groups for longer periods of time, and are less dependent on adults. Older preschoolers also tend to be more interested in pre-academic subjects, such as reading readiness and science. These developmental levels should be reflected in the staff:child ratio.

Obviously, no ratio can be a magic number that guarantees good care for every child. Recommended ratios represent estimates and intuition and, in the past, were sometimes unfortunately taken to be fixed and firm requirements for good care. Suggestions about staff ratio must be understood as just that: indications of what ranges of staffing are generally reasonable. These suggestions will be interpreted differently in each program depending on the competencies of the caregivers; the personalities and developmental levels of the children; the goals of the program; the supportive staff available to the caregivers; requirements of the funding agencies; the quality of the facilities; and all the other factors that contribute to a child's experience in day care.

In calculating staff:child ratios, one should count only the staff time devoted to primary caregiving. Some programs include, as part of the staff:child ratio, the hours spent by cooks, secretaries, and drivers, as well as by volunteers or parent helpers. It is better to base the staff:child ratio on primary caregiving time only, even if the final figure may seem less desirable. Otherwise,

the figure may look admirable but actually be meaningless.

A staff:child ratio that works well in a center may be inadequate for a family day care home. The day care home is usually run by one adult, the primary caregiver, who with little or no outside help must also cook meals, plan the program, clean up and maintain the facilities and equipment, talk to parents, and keep records. She or he usually works with children the entire day without a break and is likely to deal with children of a wider age range than those in the care of one caregiver in a center. Clearly, the staff:child ratio should be higher or bigger for a family day care home than for a center; that is, the family caregiver should normally not care for as many children as a caregiver in a center.

The following are about the recommended *minimum* staff:child ratios. In most cases, fewer children for each caregiver would be better.

The recommendation for family day care homes is that one primary caregiver should care for the following number of children, including her own:

- no more than five or six children, of whom one may be an infant (birth to 18 months) or a toddler (18 months to 3 years)
- if two children are in the infant/toddler age ranges, no more than two or three older children or a total of four or five
- if three children are in the infant/toddler age ranges, it would be wise to care for no other children or, at the most, one older child, for a total of four
- never more than two infants.

Since family caregivers usually have direct contact with families, each is in a good position to decide the number, the age range, and the developmental levels of the children to be in his or her care and then to select the children individually. While the maximum number of children under age 14—including those of the caregiver—is usually limited by licensing to six, most family caregivers take care of only two or three children. Caring for more than four preschool children all day in day care would either require a very special, high-energy caregiver or could quickly lead to low-quality care.

The staff:child ratio in a day care center can usually be smaller or lower—fewer staff caring for more children—than that in a family day care home for several reasons: in a center, caregivers seldom have to help prepare meals or clean; they can usually take breaks during the day and be covered by someone else; they have less paperwork because of secretarial help; they have fewer distractions such as personal telephone calls or the demands of caring for their own homes while they are caring for children; and the facilities are usually better suited for child care, especially if there are outdoor play areas, large spaces for active play, and areas especially designed for messy activities.

In a center, a ratio of 1:7 is usually reasonable for children from 3 to 4½ years; and a ratio of 1:10 from 4½ to 6. Younger children require significantly more individual attention: a ratio of about 1:3 is recommended for children from birth to 18 months; a ratio of 1:4 for those 18 months to 3 years. Older children require fewer caregivers: a ratio of about 1:10 is recommended for children from 6 to 8 years old; 1:16 for those 9 to 11 years old; and perhaps 1:20 for children above this age.

To plan the number of caregivers needed, estimate the number of children who will attend each day and the number of hours each will attend, then calculate the number of caregiver hours required. A new day care program which has no past attendance records should estimate conservatively, counting the total enrollment as the number of children who will attend, until at least 2 months of attendance records are available for estimating more accurately.

The following table shows a hypothetical computation for a preschool day care center:

Day Care Center—Computation of Daily Caregiver Hours

Age range (years)	Suggested ratio	Child hours per day in program	Caregiver hours needed per day
3 to 4½	1:7	70	10
4½ to 6	1:10	120	12
Total minimum caregiver hours per day			22

These figures are probably the minimum for quality care. However, they do not mean that the same ratio must be maintained at all times. Seven 4-year-olds do not need the undivided attention of a caregiver every moment. Interaction between adults and children is naturally low at many times—when children are listening to a story, eating, watching TV, or napping—when 1 adult might easily care for 10 to 15 children. At other times, a caregiver might want to work with a single child, at a ratio of 1:1. Often, children of different ages may be in the same group, and the number of caregivers required will have to be determined by judgment and experience with the individual children.

Continuity

Rapid turnover of personnel is one of the major problems of day care. A family caregiver may be influenced by many personal factors to discontinue a program, but the problem may be even more serious in day care centers where caregivers frequently stay only 1 year or less.

Continuity of care from the same adult or the same few adults is important to children. They tend to form deep attachments relatively quickly in day care and are often quite upset by breaking these emotional ties. If the experience is repeated, they may eventually unconsciously hold back from making any significant commitments. To sustain such continuity of care, the program must give caregivers encouragement and incentive to remain at least several years. In a center, they need comfortable working conditions, competitive salaries, and personal recognition. Caregivers also need personal support as well as supervision, especially if the facilities are less than optimal or if the children are relatively difficult. Family caregivers often feel very isolated from adult conversation and stimulation. One of the major assets of a family day care network is its potential for bringing family caregivers together to share experiences, support each other, learn from each other, and be with adults.

In nursery and elementary schools, a teacher is usually in charge of one age group or class and has a different group of children each year. This shifting is sometimes justified as continually providing each child with new opportunities for learning to cope with different adults. Yet day care programs should attempt to follow the opposite practice; if possible, the caregiver should remain with the same group of children from the time they enter the program. In this way, caregivers can really function as the parental surrogates they must be. The general model of caregiving continuity should be similar to what a child receives in his own home: continuity of care by one or several individuals over the course of years rather than months.

Recognition

One way to encourage caregivers to stay in the program is to make sure they have adequate recognition for their work and their increasing competency.

In a large organization, a career ladder should be developed and clearly explained to every employee. At whatever level a staff member enters a program, he or she should know the paths for advancement. In a large program, for example, a person may begin as a teacher's aide, may later become a primary caregiver, and may eventually learn to direct the program.

However, most present day care programs cannot realistically offer that kind of long-term prospect. When there is little opportunity for advancement, some other form of recognition of new skills and competencies must be provided in addition to salary increases. Personal recognition in itself is important, but staff members also need tangible evidence of their abilities and accomplishments so that they can move to other programs on at least the same level. In a day care center or network, staff members should be encouraged to enroll in programs of continuing education that lead not only to course credits but also to some academic degree or certification.

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For information about assessing and credentialing child development associates (CDA):

Child Development Associate (CDA) Consortium
7315 Wisconsin Avenue, Suite 601 E
Washington, D.C. 20014

For all other information about the Child Development Associate (CDA) program:

Office of Child Development (OCD)
U.S. Department of Health, Education, and Welfare
Post Office Box 1182
Washington, D.C. 20013

Chapter 14

Evaluation

Any person or agency operating a day care program will want to have periodic measurements of its success; anyone that gives money to a program will want to know how the funds are being used; day care staff members want to know if their efforts and methods are effective; and parents want to know if their children are being given quality care. In short, evaluation is a legitimate concern of every adult involved in day care.

Formal evaluation is an organized way of finding something out. Its methods, however, are often misunderstood, and its motives are sometimes suspected. Many people distrust evaluation because they feel its purpose is to disclose weaknesses and to place blame. Although some evaluations have been used for such purposes, the legitimate purpose of evaluation is to satisfy a need to know something. "What" you want to know and "why" you want to know it will determine how the evaluation is conducted, what information is collected, and how the results are used.

In general, there are three good and necessary reasons for evaluating a day care program: first, as a basis for planning and revising the program; second, as an aid in administering the program; and third, as a way to justify the program's worth.

In planning and revising a program, feedback is needed to determine whether the present program components are effective and helping the children move toward established goals. Evaluation can help planners decide whether to strengthen some parts of the program, add new parts, or eliminate some of the components.

In administering a program, it is important to know if the program is being delivered to the children as planned. Specifically, an administrator needs to know if all the planned services are actually available; if the staff members are delivering all available services to the children; if the services are adequate or if some change is needed; and if the services are staying within their planned costs.

And finally, in justifying a program, information is needed about the net effects of the program on the children and their families. An evaluation will show whether the program in any way harms the children and their families; whether the children have improved in their development because of the program; and whether the program is effective in strengthening the family's role.

Since each of these reasons usually points to different methods of evaluation, a clear understanding of why the evaluation is needed will generally help avoid pitfalls and improve results.

One pitfall is that it is possible to measure the wrong thing and to get an irrelevant result. Some people object that an evaluation cannot measure what is really happening in a program but can only measure a few narrow effects. IQ tests, for example, are not appropriate as a comprehensive measure of the effects of the program. At best, they reflect only the level of a child's functioning in a particular situation at a particular phase of his development. Moreover, test results are affected by many variables other than native intelligence, such as the child's motivation, his vocabulary, and his comfort in the testing situation. Such tests are not generally reliable with preschoolers unless carefully administered under the best circumstances and interpreted by experts.

Another problem is that many evaluation procedures require an extensive knowledge of statistics, access to a wide variety of test devices, and large blocks of time for individual testing and analysis. To many of those entering the day care field, evaluation techniques may seem too subtle and complicated for the untrained person to use. Yet many techniques, including some of the most valuable, can be used successfully by anyone who cares to devote thoughtful attention to the problem at hand.

A clear and detailed grasp of both the program's goals and the reasons for conducting the evaluation will help in choosing the least complicated evaluation techniques to produce the

needed information. Probably the best preparation for conducting an evaluation is to review published accounts of several actual evaluations, which include descriptions of the methods and procedures used, the types of results obtained, and the interpretation of the results. (Several examples are mentioned at the end of this chapter.) Evaluation is not limited to standardized tests designed by professionals; anyone with imagination can design procedures which will give them the information they want.

Types of Evaluation

There are two general types of evaluation, the summative evaluation and the formative evaluation; each has different purposes and methods.

Summative evaluation is used to determine (or sum up) the effects of a large-scale program over a considerable period of time. Evaluation of this type is usually used by a large agency to determine the worth of a particular day care policy. It usually is conducted by specialists, includes many different day care operations in various locations, and uses standardized tests and measures.

The staff of a day care program that has been included in a summative evaluation may feel that such evaluation is irrelevant and disturbing. The evaluators are usually strangers to the local program and may not understand the community's needs and characteristics. Since they may be measuring progress toward goals which are of only secondary interest to the staff, the evaluators may seem insensitive to accomplishments that the local people are rightly proud of. For example, a summative evaluation to assess the language development of children in various programs may include one program which emphasizes social development more than language development. Though this program might measure highly in terms of its own goal, it will probably measure poorly in the summative evaluation.

Another problem lies in the standardized tests often used in such evaluation. Test scores are very strongly influenced by the child's motivation and his feelings of security and self-esteem at the time of testing. Thus, evaluators have to be sensitive to the difference between a child's actual capacity and his performance on a particular test. A child tested with a standard IQ test when he enters and again when he leaves the program may at first score low and later score much higher on the same test. The difference in scores does not necessarily prove that the child's IQ has increased because of the program, but indicates only that he did not perform up to his potential during the first testing.

While summative evaluation may seem unfair because of these problems, two points should be emphasized. First, the evaluation report rarely, if ever, contains information about each local operation and, therefore, will not reflect on any particular program. Second, a summative evaluation is often conducted on behalf of the funding agency (for example, an office of the local, State, or Federal government). Since a funding agency makes funds available for certain purposes, it will want to know whether those purposes are being adequately served. Local differences in program emphasis may be entirely valid, but an agency that funds many different day care programs has a right to know whether its whole program is working.

The second type of evaluation, *formative evaluation,* measures the progress of an individual day care program in meeting its own goals. Unlike a summative evaluation, a formative evaluation can be conducted by anyone, provided he or she is familiar with the community situation, the program's goals, and the evaluation techniques. Since this type of evaluation is generally used as a basis for revising the program, it can be used at any time and is often applied regularly. The devices used to measure progress are chosen to fit the needs of that program alone.

The problems of formative evaluation are often the opposite of those of summative evaluation. Evaluators are frequently so committed to the local program that they unwittingly overlook its shortcomings. While an outsider can probably be more objective, he or she will have to be sensitive to the values and goals of the program and, even so, may have trouble convincing those involved that the program does have its failings. Another problem is that the goals of some programs are not stated in enough specific detail to permit objective measurement. It is important that goals be restated, not only to facilitate evaluation but also to increase the program's general effectiveness.

Making a Formative Evaluation [1]

There are five steps in preparing for a formative evaluation: securing the understanding and

[1] Since summative evaluations are usually conducted by trained specialists, the following discussion will be limited to formative evaluation.

cooperation of all concerned; stating the goals of the program as clearly and specifically as possible; stating the particular objectives intended to lead to the goals; specifying how each objective will be evaluated; and planning what to do with the finished evaluation.

Secure Understanding and Cooperation

Problems are more likely to be avoided if there is an atmosphere of open communication in which everyone feels free to admit errors and failings. The administration can alleviate some problems even before the evaluation begins by candidly explaining the reasons for the study to the parents and staff, emphasizing that the evaluation is not intended to uncover weaknesses but rather to help them improve their own program. The parents should be encouraged to help in the planning if possible.

State the Goals

Goals and objectives are differentiated in this discussion: goals are seen as end results desired for their own sake, while objectives are the particular actions taken to achieve the goals. Ideally, satisfying all the objectives would mean reaching all the goals.

The goals of the program should have been decided during the start-up phase, but they may now need a more careful restatement. The first goal is usually to provide a safe and healthy environment for children whose parents must be absent. Most groups will agree on several other goals, concerning both the children and other members of the organization. For example:

- *Goals related to the children.* The program should supply adequate nutrition to each child. It should safeguard children's health and should provide medical treatment when necessary. It should provide each child with adequate stimulation for physical, social, emotional, and cognitive growth.
- *Goals related to the parents.* The program should supplement the family's role. It should also provide opportunities for parents to actively participate in the program if they wish.
- *Goals related to the staff.* The staff should have adequate training, including opportunities to advance their skills and knowledge. The staff should be involved in all aspects of the program.
- *Goals related to the community.* The day care program should assist the community's other child care services in any way possible. The day care program should take full advantage of local services and resources.

State the Objectives

Objectives should be concrete and, for the purpose of evaluation, should be measurable or observable. Otherwise, the evaluation will rest on feelings and hunches. For example, with the goal of actively involving parents in the program, three possible objectives might be: (1) to encourage parents to visit and observe whenever it is convenient for them; (2) to improve communication between parents and staff by holding regular meetings; and (3) to increase parents' feelings of participation and belonging in the program. The first objective in the example is concrete and measurable: one can tell if and when it is achieved for each parent. The second objective is only partly measurable: one can count the number of meetings each parent attends but would have trouble measuring "improved communication." The third objective would be almost impossible to measure: "feelings of participation and belonging" can only be assessed subjectively.

Specify the Method of Evaluation

The next step in preparing for the evaluation is deciding what information will show whether the objective has been reached or not, and when and how to collect that information. Deciding *when* to collect information is important because any changes produced by day care will occur over a period of time, and measurement at different times will show different results. If children in the program are to be compared with children not in day care, the program should be given time to take effect before initial measurement or between periodic measurements. Deciding *how* to collect information is important because different methods of evaluation will produce different information.

The evaluation design and the type of measure to be used should then be selected, and both should be appropriate to the program objectives.

Three designs commonly used in day care evaluations are the pre/post test, the control group design, and the within-program control design. A *pre/post test* or "before and after" test can be used to determine the amount of change in a given child or group of children over a period of time. However, since all children change as they grow whether they are in day care or not, the pre/post test design will not

show how much of the change is due to the day care program.

The *control group design* compares two groups of people—one from the program being evaluated and the other (the control group) being as similar as possible but from outside the program. Change in the program group compared with change in the control group is a measure of the effectiveness of the program. In theory, this design is appropriate to measure progress due to the program rather than to other influences; in practice, however, such evaluation can present formidable problems. Locating suitable participants for the control group is difficult. A sizable group of people has to be selected with characteristics and backgrounds closely similar to those of the program group. Once located, these people must then be persuaded to submit themselves and their children to repeated observation or testing which is not likely to benefit them and which may well threaten their self-esteem. One way, common in medicine and psychology, of constructing a control group is to separate all the program applicants into two groups, one of which is selected for the program while the other is not. However, few families would be willing to forego day care in the interests of evaluation, and few investigators who believe in the value of developmental day care would be willing to arbitrarily reject half the families who apply.

A *within-program control design* compares two groups within the same program in order to evaluate the amount of change due to a particular variable. The control group participates in the current program while the other group participates in either the same program with some component changed or in a whole new program. When used carefully, this design can accurately evaluate the effect of change within a program, but it does not permit comparison between children in a program and those not receiving day care or those in another program. As in the control group design, the two groups should ideally be similar in all characteristics except the one variable to be evaluated. Not only should the children and parents in each group be as alike as possible, but the skills and attitudes of the staff members in each group should be identical. Adequate similarity is probably impossible to achieve.

In a family day care home run by one person, the possibilities for evaluation are severely restricted. Lacking a network of family care homes, which is in a far better position to conduct evaluation, most family caregivers are restricted to pre/post testing and comparing the results to information about other children. Though this procedure has definite limitations, it can at least be used to determine if the program is having a negative effect upon the children. (*Open the Door . . . See the People*, by June Solnit Sale, contains examples of this kind of evaluation.)

In addition to design, the type of measure to be used must be selected. Most measures fall into one of four groups: the descriptive measure, the frequency count, the normative comparison, or the standardized test. Any of these types of measurement can be used by a program—whether it be a center, a family day care home, or a network.

Descriptive measures are simple and often effective. They consist of describing fully what is being done to achieve a particular objective and then deciding if the effort is adequate. For example, by fully describing the regular routine of staff members, the evaluators could decide if caregivers were giving adequate personal attention to each child.

A *frequency count* of the number of times something happens within a given period is a way of measuring progress toward a goal. One way to assess a child's social development, for example, is to count the number of verbal contacts he makes with other children in a day.

A *normative comparison* is a comparison of an individual with the norm. Children's physical development can be measured in part by comparing their weight and height with national norms for children their age.

A *standardized test* is one that includes norms which have been determined by administering the test to a large sample of people. The most familiar is the (revised) Stanford-Binet, probably the most widely used IQ test which requires intensive training to administer and interpret. Other standardized tests designed for preschoolers include: the preschool inventory which measures achievement in areas regarded as necessary for success in school; the Illinois test of psycholinguistic abilities which measures the child's ability to verbally respond to various situations; the Peabody picture vocabulary test which measures the ability to relate spoken words to pictures; and the metropolitan reading readiness test which measures the child's readiness for first grade in terms of his ability to use words, to listen, to match, and to use the al-

phabet and numbers. Some standardized measures must be administered by trained specialists, and most require consultation. All standardized tests should be administered at the day care site during regular activity hours by someone versed in their use and interpretation.

Certain precautions should be observed in using any technique.

- Make sure that the techniques selected are the most appropriate for obtaining the information that is needed. It is usually a mistake to choose one because it is available or convenient or because some specialist likes it.
- Measure activities at the time and place they naturally occur, so that the program's routine is not unnecessarily disturbed.
- Make sure the measures are applied by people with backgrounds similar to that of the children to avoid distortion of the results due to cultural differences. Also, give the children plenty of time to become accustomed to the evaluator and to the setting in which they will be tested.
- Be sure the evaluator is sensitive to the difference between a child's actual capability and his performance on a particular test. With all the variables of motivation, confidence, and distraction which can affect each child's performance, similar scores do not always mean similar levels of advancement, just as different scores may be caused by some difference which the test is not designed to measure.
- Never withhold information from the parents. Naturally, some information must be kept confidential during the evaluation period in order to avoid distorting the results. However, parents should completely understand what is being evaluated, the reason for the evaluation, as well as the reasons for temporarily withholding any data or results. When the evaluation is over, each family should be given all results which apply to its own members and to the group as a whole, but in no case should they be given any information that applies specifically to other families or individuals.

In a day care program of any size, good records are an important part of evaluation. For example, to assess the acceptance of the program by parents and the community, it would be valuable to review the number of days each child is absent, the turnover rate, the reasons given by parents for dropping out of the program, the number of children on the waiting list, and the family background of the children in the program as compared to the general community.

To obtain other kinds of information, a standardized questionnaire is extremely useful. A questionnaire can either be constructed for the particular program or be adapted from other questionnaires. The two samples in figure 14–1 illustrate the types of items that can produce valuable information. The first example, the childhood personality scale, is used to give a general picture of the child's personality; while the second, the behavior problems questionnaire, asks about particular difficulties in eating, sleeping, aggressiveness, and so on. If parents complete such questionnaires when their child enters the day care program and regularly thereafter, changes in behavior can be seen more easily which might either require further attention or indicate the program's effectiveness. Either way, it is important to remember that a change in a child's behavior is not necessarily caused by the day care program, since children have so many other influences in their lives—including the natural process of development.

Plan What To Do With the Evaluation

Formative evaluation should be used as a positive feedback system. The information collected may be satisfying in itself, but it will not be fully useful unless it is fed back into the program planning process as the basis for revising the program.

To be really effective, formative evaluation should be continuous. As the program is revised, plan when and how to make the next evaluation, leaving the program flexible for future changes. With experience, the evaluation process should lead to more clearly stated goals and more concrete objectives so that the next evaluation will be easier and even more productive.

Sequencing Evaluations

A day care program goes through several phases from start-up to stable, consistent operation. Evaluations should be geared to the developmental phase of the program and designed to produce information relevant to each phase.

During the start-up phase, for example, when the staff is learning to work together, recruitment procedures are being refined, and the program is developing its relation to the community, it would be senseless to attempt a sophisticated evaluation of the children's social and emotional development or the staff's attitudes. It would be far more appropriate to evaluate the progress of the program as an institution at this time—for

Figure 14–1.

STANDARDIZED QUESTIONNAIRE SAMPLES

(a) Childhood Personality Scale (CPS)

INSTRUCTIONS: The purpose of this questionnaire is to get a picture of each child's personality as he or she typically has been for the last two months. Some of the sentences may describe this child very well. Other sentences will not be at all like this child. There are seven columns after each sentence. For each sentence, check the column that is most true of this child's personality and the way he acts.

THIS IS AN EXAMPLE OF THE TYPE OF QUESTION, AND HOW TO ANSWER IT:	NEVER	ALMOST NEVER	SELDOM	HALF THE TIME	FRE-QUENTLY	ALMOST ALWAYS	ALWAYS
	0	1	2	3	4	5	6
Happy to sing when there are guests in the house							

If this child always sings when there are guests, you should check column "6." If he never sings for company check column "0." If he sings sometimes but not always, check the box between "0" and "6" that best describes him.

	NEVER	ALMOST NEVER	SELDOM	HALF THE TIME	FRE-QUENTLY	ALMOST ALWAYS	ALWAYS
	0	1	2	3	4	5	6
Will talk or babble to you about his toys, clothes, and what he is doing							
Tends to be fussy and complains. Generally is not satisfied							
Plays for a long time in the same way with one toy or thing. Repeats over and over							
Smiles to a friendly person							
Turns his head away or looks down in an uncomfortable way when people pay attention to him							

(b) Behavior Problems (BP)

INSTRUCTIONS: This questionnaire is about problems that many children have at different times. Read each item and decide how much each child has had this problem during the past two months.

Put an "X" in the box that fits how serious the problem has been for the child during the past two months.

THIS IS AN EXAMPLE	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
	0	1	2	3
Has tics			X	

THE FOLLOWING ITEMS SHOULD BE ANSWERED FOR ALL CHILDREN

PROBLEM	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
	0	1	2	3
Is a picky and finicky eater				
Will not eat enough				
Is over weight				
Is restless during sleep				
Is afraid of new situations				
Is afraid of strangers				
Is afraid of being alone				

example, which types of people inquire about day care, which families follow through, what sort of people are hired as caregivers, and how long they remain with the program. Later, more sophisticated questions can be asked.

If evaluations are conducted in an unrealistic sequence, the very process of evaluation can create serious disruptions. An attempt to obtain detailed psychometric information about the children during the start-up phase is not only useless but will probably be regarded as intrusive as well. These measures will succeed only after a degree of confidence and understanding has been established with the families. Or an evaluation involving the use of a control group within the program will probably be resisted by the staff if it is conducted too early and they have not yet established a coherent, well-structured way of giving care.

During the early stages, only formative evaluations are appropriate, regardless of the size of the program. Only after a program is reasonably stable and operating in a consistent and replicable way is a summative evaluation possible. As a general rule, summative evaluation should be put off for at least 2 or 3 years after the start of a program.

Additional Information

Further information on measures, designs, and evaluation in general is abundantly available. The following sources deserve special mention.

Educational Resources Information Center (ERIC) is a computerized library service for access to many documents prepared under government contracts or grants—many unavailable through any other source. It is often the fastest way to obtain information on any subject related to childhood education. Many libraries, particularly those connected with research institutions, contain ERIC files.

The *Educational Testing Service* includes two services: the Test Collection Bulletin, a quarterly publication listing new tests and measures; and the Head Start Test Collection Reports, occasional reports about measures and tests appropriate for young children.

An Experiment to Facilitate National Day Care Policy Decisions, by Todd R. Risley and Patricia Krantz, describes one approach to summative evaluation of different programs as a basis for formulating national policy.

Report on Preliminary Impact Data from a National Survey of the Parent-Child Center Program, prepared for the Office of Child Development, describes an example of formative evaluation of a national program.

The Devil Has Slippery Shoes: A Biased Biography of the Child Development Group of Mississippi, by Polly Greenberg, is a lively account of a formative evaluation done by an active participant in the program.

Unobtrusive Measures: Nonreactive Research in the Social Sciences, by Webb, Cambell, Schwartz, and Sechrest, shows ways in which behavior can be evaluated without actual intervention in the behavior. For example, to determine whether children are using a particular piece of equipment, the equipment should be examined for signs of use—a far less obtrusive measurement than counting the number of times children use the equipment or asking teachers to estimate its use.

A Summary of Head Start Evaluation, by Lois-ellen Datta, reviews different types of evaluation projects. Most of the references in the paper are available through the ERIC Clearing House.

The several books by Elizabeth Prescott listed at the end of this chapter describe how to evaluate the setting of the day care program, as well as the behavior of the children.

A National Survey of the Impacts of Head Start Centers on Community Institutions, prepared by Kirschner Associates, gives an example of summative evaluation which does not use standardized tests.

The article, "Psychological Testing of Children," by Murray Levine, is a fine introduction to the methods and problems of psychological testing in general.

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Exemplary Centers, Networks or Systems

Chapter 15

Exemplary Centers

The previous chapters have described various aspects of preschool day care—the development of preschool children, general program organization and management, and some of the many components of quality care. In this and the following chapter, nine exemplary day care programs are described—four day care centers and five day care networks.

These programs illustrate how quality day care can, and in fact should, adapt to various settings and to the needs of the families or community being served. They indicate the diversity in quality day care—diversity in funding, administrative structure, curriculum, staffing patterns, and general program emphasis. These descriptions also reveal the characteristic similarities among quality programs—similarity in such areas as thoughtful planning of objectives, social and cultural relevance, maximum use of community resources, and close involvement between day care and the parents and community served.

Each of the four day care centers described in this chapter is unique. Each provides a quality program of developmental day care to the children of a specific population—blue-collar workers in Chicago, Job Corps trainees in Georgia, Ute Indian families in Utah, and Mexican-Americans newly settled in Colorado. At the same time, none of these programs limits its services to children. All are marked by extensive parent and community involvement; all show concern for the welfare of the child's whole family and have become integral parts of their communities.

The Amalgamated Child Day Care and Health Center is operated by the Chicago Amalgamated Clothing Workers of America as one of many free services to union members. The union, which supplies practically unlimited funds as well as health and other social services, views this center as a model for day care programs both within the union and for other labor and corporate organizations.

The solo parent program, our second example, serves trainees at the Atlanta Residential Manpower Center, a site for Job Corps training. The program provides residence for mothers and their children; developmental day care; and supportive, health, and social services. More than any other model in the chapter, this program concerns itself with the well-being of both parents and children. Reliable child care frees mothers to continue their education and training —and thus helps better their chances for employment—while counseling helps them improve their ability and skills as parents.

The Ute Indian Tribe Full Day Head Start Center is an example of the important role day care can play in a largely homogeneous community or subculture. It provides much-needed social and health services, extensive parent and community involvement, and tribal control of the children's education. The center's bilingual curriculum focuses on language development and places maximum emphasis on the children's Indian heritage. Day care helps these children bridge between their homes and the rest of society, while encouraging them to take pride in themselves and their culture.

Of these four programs, the Greeley Parent-Child Center is the only one lacking organized support from well-funded sources. Having survived several major financial crises, the center is now owned and operated by the parents and strongly supported by the community. Though still faced with an unstable income, Greeley offers a quality program unique for its bilingual, bicultural curriculum which is a model for programs with similar populations.

The addresses of these programs and of those discussed in the next chapter are listed at the end of each chapter.

Chicago Amalgamated Child Day Care and Health Center

The Amalgamated Child Day Care and Health Center offers an excellent free day care program for 60 children of members of the Chicago Joint Board Amalgamated Clothing Workers of America (ACWA). Established in March 1970, the

center has a dual function: to meet the immediate needs for reliable, quality day care for workers' 3- to 6-year-old children, and to serve as a model to encourage union and corporate sponsorship of day care programs elsewhere. As a model program operated by a union fully dedicated to day care, the Chicago Amalgamated center is characterized by practically unlimited funds, sound management, and efficiency.

Facilities

The center occupies a new single-purpose building next to the ACWA headquarters, west of downtown Chicago. The area is a reemerging industrial district on the edge of a ghetto. This hardly seems an ideal location for day care, but since families using the center live throughout Chicago and its suburbs, a site near employment centers was preferred. The center is open from 6:30 a.m. to 6 p.m., Monday through Friday, 50 weeks a year.

As in many urban day care centers, space here is valuable and limited. A long, narrow indoor area is designed for openness and flexibility, using Plexiglas doors and windows and movable walls. In this space are four classroom areas constructed of easily rearranged walls, a director's office, a kitchen, an isolation room, and restrooms. A total indoor space of 68 square feet per child is available. While outdoor play space is also limited—49 square feet per child—the rooftop and ground-level play areas together can adequately hold all the children at one time.

Often as many as 20 names are on the waiting list for the 60 available spaces. Plans to expand services include a new center for 30 children in Harper Square, a moderate- and middle-income housing cooperative for ACWA members on Chicago's South Side. The goal is to make free, quality day care available to all Chicago-area ACWA members within a few years.

The Children and Their Families

None of the children live within walking distance of the center, and about one-third arrive via public transportation. Nearly all the children have working mothers (80 percent of union members are women), and most come from two-parent blue-collar families with incomes of $4,000 to $12,000 per year. Not only can these families not afford the cost of private day care—$17 to $25 per week in the Chicago area—but it would not occur to most of them to seek child care from strangers in an unfamiliar group setting.

Family backgrounds are ethnically and racially varied—Chicanos, Puerto Ricans, blacks, first- and second-generation European immigrants. In the past, the accepted child care arrangements for these people have been with friends and relatives, not in day care centers. Most are proud of their traditions and suspicious of anything resembling charity or welfare.

To "sell" the day care service, the center staff has developed a program with the needs and backgrounds of this specific population in mind. The respect and concern of staff members for the children and their families has gradually been communicated. No information is requested beyond the facts of the child's early development, and families do not have to divulge their income levels. Yet, staff members are available to discuss personal problems or a child's progress whenever desired.

Notable Elements

Organization. Center policy decisions are made by the trustees of the Amalgamated Social Benefits Association, the trust fund for the ACWA's health and welfare program. This trust was established through collective bargaining, with employers' contributions based on a percentage of the payroll. Planning for the day care program is presently divided among the ACWA Joint Board manager, the assistant manager, and the center director, though the latter is the accepted authority on all decisions influencing the provision of a quality day care program. The present division of planning duties is expected to change as more centers are added and as parent advisory committees develop in strength and purpose.

Budgeting. During the start-up phase of center operations, the director was able to spend as much as was needed to provide an excellent model program. In 1970, the center spent $2,925 per child or $1.42 per child/hour; by 1972, upwards of $3,000 was being spent per child. This is a much larger sum than many centers are able to afford, and parents pay nothing. The State of Illinois also provides a monthly allotment of surplus food commodities and, under the special food service program for children, reimburses the center 65¢ per child/day for food costs.

Staff. The director's primary function is to develop and continually evaluate a model day care program which more than adequately meets the

educational, emotional, recreational, social, nutritional, and health needs of union members' children. Much of the director's time is devoted to working with staff members—including recruiting, hiring, training, and evaluating—and with children, filling in as needed in the classroom.

A teacher/assistant director has recently been added to the staff. A teacher for one of four groups of children, she also works closely with each team of teachers in developing and evaluating each group's program and curriculum.

The teaching teams include a head teacher and an assistant teacher for each of the four groups, with each team planning a specific curriculum for the children in their group. All eight of these teachers are well-paid full-time employees, and their hours are staggered to cover the nearly 12-hour center day. Teams are sometimes supplemented by a part-time teacher, student teachers, and volunteers. Other staff members include a secretary-bookkeeper, a cook and a part-time assistant, and a custodian.

Staff meetings take place weekly to review matters affecting the center as a whole. At smaller meetings, staff members discuss and evaluate children's problems, the curriculum, and program plans and approaches. Teachers keep notes on the daily activities of individual children and prepare detailed reports twice a year.

In recruiting and selecting staff members, the director tries to maintain a balance of males and females and ethnic backgrounds that will complement the center's child population. Paper qualifications are given far less consideration than are an obvious sensitivity and appreciation of children—of their backgrounds, their problems, their joys, and their needs. By maintaining the adult:child ratio of 1:4.5, the center encourages daily individual attention for each child.

Staff members have exceptional fringe benefits, including free union support of further training in early childhood education. The staff development plan is a series of bimonthly evening lectures designed to acquaint or refresh staff members with a broad range of subjects: educational psychology, music, programing, arts and crafts, children's literature, and cognitive development. Emphasis is on racial and ethnic awareness and on understanding working-class families.

Social and Health Services. The center is part of a network of social services available to union members and their families. Free day care joins free medical and dental care, free pharmaceutical service, scholarships for children of union members, cooperative housing projects, a professional social worker, a prepaid legal program, and a host of other free or reduced-cost union services. The day care center can draw on resources both inside and outside the union to provide a program of maximum benefit to the children and their families. Although most members are fully aware of the benefits available through the ACWA, the center staff can help refer families to appropriate resources. Through their training and their work with the children, they can often spot difficulties and problems early. In extreme cases, they can make outside referrals at union expense.

Each child upon enrolling in the center is given a thorough initial examination and necessary inoculations. A medical record is begun. A pediatrician visits twice a week, and a pedodontist examines the children's teeth and performs all follow-up work at no cost to the parents. A psychiatric social worker spends 2 days a week at the center, working closely with staff and parents to handle the emotional problems of individual children. Medicine, eyeglasses, braces, orthopedic shoes, and other necessities are provided without charge.

Education. Access to a nearly endless supply of resources and materials allows the center's educational program to be specifically tailored to the children at the center. As a group, these children lack the range of experiences middle-class families take for granted. Intellectual stimulation from their environment has been limited. Every effort is made to develop both a physical facility and an educational program which will overcome any developmental difficulties.

The primary goal of the center is to prepare children for later successful school experiences by providing them with a broad range of activities—to make them aware of the world around them, to let them experience the joy of learning and the excitement of exploration and creativity, and to facilitate language development. The curriculum is quite flexible, designed to encourage each child to develop a healthy self-image through positive experiences and praise.

Each child is encouraged to trust and to learn to both take directions and accept limits. Corporal punishment is never used, and competitive situations are avoided. A child is given every opportunity to express his feelings in socially

acceptable, nondestructive ways, to work and play cooperatively with other children and with staff members, and to develop a strong sense of self-reliance. For example, they are encouraged to dress themselves, to select their own food at snack time, prepare it, and clean up afterward.

Children spend most of the day in one of four groups, divided according to chronological age and developmental levels. Their typical day includes periods of structured and free activities, indoor and outdoor play, music, storytelling, arts and crafts, shape and concept learning, and language development, in addition to a hot breakfast and lunch, morning and afternoon snacks, and nap time. Several times a week they may walk to a nearby park, and about once a month each group goes on a field trip.

Individual attention is highly valued. Teachers are encouraged to speak individually to each child in their group during the day—this also facilitates language usage—and to offer physical contact and caresses. Each child receives a cake for his birthday and is honored with a party before leaving for elementary school.

Parent Involvement. Since the center's beginning, effective and realistic means of parental participation have been sought. Overcoming the parents' natural suspicions and hesitance to entrust their children to strangers was the first step. Only when the families saw the center as their own was the staff able to consider the question of actual parental involvement in the center operation.

Several factors inhibit their active participation: the families are geographically scattered; their work schedules are often unpredictable; their worktime is valuable, with paychecks based on hourly earnings; and most parents have little time or energy for meetings and other day care activities after working a full day plus managing a household.

The center staff uses various means to counter these obstacles.

- Parents who drop in to pick up their children at lunchtime are cordially invited to remain and eat.
- They are invited, but not pressured, to visit the center on free days.
- A parent advisory board directly influences trustees of the Social Benefits Association on day care policy decisions. Before the existence of this advisory group, parental opinions and desires had to be transmitted by the center staff and the director to the administrative assistant to the trustees.
- Parent-teacher conferences are scheduled throughout the year.
- Sunday afternoon meetings for parents are held on an average of once every 2 months. These small discussion groups concentrate on specific topics proposed in advance by parents, such as why brothers and sisters quarrel. Several staff members usually provide the material and make presentations, while others are available to babysit or translate.
- Buffet dinners are held on weeknights.
- A parents' newsletter, written in English and Spanish, deals with practical items—for example, suggestions for making creative play materials and for family outings in the Chicago area during the annual summer factory shutdown.

Efforts to further parent participation will continue at the Amalgamated center, but always with an understanding of the limitations of geography, working conditions, time, and money. Staff members see this as a particularly important accomplishment and a high-priority goal.

Child Development Center: Atlanta Residential Manpower Center

The Child Development Center of the Atlanta Residential Manpower Center (ARMC) provides care, love, and supportive services for 50 children whose mothers are Job Corps trainees. Child care is a major component of the ARMC's solo parent program, a demonstration project designed to test the impact of (1) having both mothers and their children as residents of a Job Corps training center, and (2) offering special services and support to them. Since the program was established by the Department of Labor in June 1970, it has proven unique in its ability to provide quality developmental child care within a non-child-oriented institution.

The Atlanta Residential Manpower Center

Total enrollment at the ARMC averages 350 corpswomen, from 16 to 21 years old. All are from low-income families from Atlanta and the surrounding area, and many have been on welfare. The average corpswoman has dropped out of school and has applied to the ARMC because she was unable to find satisfactory employment. Residence is optional, and about 250 corpswomen live at the center.

The Job Corps program offers these women basic education (enrollees can obtain a high school equivalency diploma), vocational training, personal and vocational counseling, compre-

hensive health care, recreational activities, and other services. The center also helps each woman find a job when she leaves the program.

The focus of the program is to encourage individual responsibility, and this objective is used to make learning experiences out of even the most routine chores. For instance, sharing of housekeeping, cooking, or babysitting duties is limited. And once a week, the entire group of mothers goes grocery shopping with a counselor who can help with decisions about foods and prices and can thus offer an extension to the nutrition and budgeting classes.

The Child Development Center

Located in renovated interiors within the ARMC, the Child Development Center is open from 7:45 a.m. to 4:30 p.m., Monday through Friday throughout the year. Its total indoor space of 3,618 square feet is adequate for all groups except the infants, whose quarters are cramped. An attractively landscaped outdoor playground adjoins the indoor facilities.

The center is available to children of all trainees, with residents given priority. Of the children currently enrolled, about 90 percent are black, the rest are white. They range from 6 months to 6 years in age. During the first year of operation, the average age was 2.2 years, and 20 of the children were less than 1 year old.

Demand and Capacity. Demand for child care services far exceeds the center's capacity. There are rarely more than 1 to 4 openings monthly for the 50 available places, hardly enough to begin to shorten the lengthy waiting list.

The Atlanta RMC is in an area of the city seriously needing subsidized day care. Child care is difficult to arrange, yet, without it, Job Corps education and training is impossible for many potential enrollees. Both ARMC staff members and corpswomen who have completed training have also indicated that they would pay to have their children attend the center. Expanded day care services would definitely be used.

Program Approach. The center's developmental program is characterized by obvious love and affection between the children and staff. There is little competition among children for adult attention, and a child can always find an available lap or an adult willing to listen. The children are handled with kindness, support, and careful guidance and are encouraged to respond with independence and cooperation. This blend of affection and clearly defined discipline is especially important for these children, many of whom show signs of emotional strain. The child development program is designed to support their individual needs as completely as possible.

The typical routine includes supervised indoor and outdoor play and activities which vary among age groups: singing, arts and crafts, storytelling, and cognitive exercises such as identification of colors, numbers, and names. Teachers take an active part in free play sessions. Blocks, costumes, puzzles, and creative toys are plentiful, and many of the materials have been made by the children and the staff.

Staff. The day care staff presently consists of an administrative supervisor, a head teacher, five additional teachers, a solo-parent counselor, and two aides. In addition to the regular staff, the Child Development Center also serves as a placement site for local college students in child development training programs. Since at any one time there are at least two students working there part time, the overall adult:child ratio is better than 1:5.5. Even this ratio will significantly improve with the creation of the child development training program currently being planned. Many corpswomen have already expressed interest in training for such work.

There is considerable in-staff training at the Child Development Center. For example, a child psychiatrist meets with the staff regularly, and a specialist in early childhood education helps staff members select the methods and media most appropriate for the program.

Health. Under the supervision of a part-time pediatrician and a full-time nurse, the center's comprehensive health program offers full medical services from 24-hour emergency treatment to routine examinations and followup. The mothers pay nothing for such services as referrals to specialists, medicines, hospitalization, laboratory tests, dental care, orthopedic shoes, and glasses.

Funding. The solo parent program is funded entirely by the Job Corps. During the first year of operation, the Child Development Center spent $2,628 per child, and the entire solo parent program spent approximately $350 for each parent. Mothers pay for neither child care nor their own training. In addition, they receive dependency allotments to cover family housing, clothing, and food expenses.

Parent Involvement. Enrollee-mothers are very young, and many are raising their children alone. As a group, they lack the maturity, emotional

support, and finances that would make their responsibilities easier. For many, their previous efforts to find a job, earn a living, and simply handle daily problems left little time or energy for their children, who are now a high-risk population for emotional problems.

These women need to develop skills as parents. They need to learn more about how their actions and decisions affect their children, how children develop, how to handle problems in development, how to locate needed community resources, and how to use this information to become more effective parents. The solo parent program focuses on these special problems and needs in counseling and educating enrollee-mothers.

- Mothers and children eat lunch together in the ARMC cafeteria, and they spend time together each morning and from 4 p.m. till bedtime daily.
- All program mothers and many other enrollees take classes which include life-skills, elements of childrearing, budgeting, infant health, and health education.
- Solo parents attend several small group seminars conducted by a child psychologist to discuss their common problems.
- Resident mothers attend evening classes on nutrition.
- ARMC counselors are available to all corpswomen, though the counselors tend to be less concerned with the problems of marriage and childraising than with general enrollee problems. A special full-time solo-parent counselor provides counseling on parental skills and personal problems.
- Day care staff members have developed a sincere concern for both mothers and children and are always ready to answer questions about a child's progress, offer advice and support, and help with family problems and crises.
- Mothers attend twice-monthly individual interviews with staff members to discuss their children's progress.

Other formal parent programs are being planned, though the mothers' tight schedules permit few extra activities, and parent involvement techniques are currently being evaluated.

Evaluation. Families, children, and child care services are rarely found in such highly structured institutions as a Job Corps training center. To determine the effects of such a project, evaluation is essential. Once or twice a year, a panel of three child development experts reviews the child care program and makes suggestions. In addition, the Job Corps has conducted its own evaluation. Evaluators have gotten the responses of program mothers (corpswomen with children enrolled in the Child Development Center), nonprogram mothers (those whose child care arrangements are outside the center), other corpswomen, the ARMC staff, and community members. They have found that the presence of the child care center and of the families at the ARMC is nearly unanimously approved and considered a definite asset to the Job Corps program.

Most program mothers are strongly in favor of the solo parent program and its Child Development Center. They feel that the program has helped them learn more about their children and about themselves as parents, and that their children benefit both from this increased parental skill and knowledge and from the care they receive at the center. Their children now play more easily, communicate better, clean up after themselves, and demonstrate generally improved social, emotional, physical, and intellectual skills. Program mothers are also convinced that their performance at the ARMC has improved because of reliable day care.

A statistical analysis prepared by Job Corps evaluators for the Department of Labor in 1971 (with a followup in 1972) illustrates this contribution of the solo parent program to Job Corps effectiveness. It was found that program mothers —regardless of age, race, entry reading scores, and other factors—stay significantly longer in the Job Corps program than do either nonprogram mothers or corpswomen without children. Other studies have found that the longer an enrollee stayed in the Job Corps (up to 2 years), the more likely she was to find employment and the higher her wages would be. Thus, reliable child care and supportive parental services appear to be factors which add to the success of Job Corps trainees.

However, changes in several aspects of the program were also supported during evaluation. Some mothers have requested greater access to the outdoor recreational facilities and more freedom to make decisions concerning themselves and their children. Separate facilities, rules, and expectations have been suggested for all resident mothers so that they can better develop independence, judgment, and the ability to manage their own families. In line with this, some of the more restrictive regulations have since been revised to allow corpswomen to make

the kinds of decisions that will be required of them when they leave the center environment.

With evaluation as an integral part of its child care design and with its willingness to incorporate necessary changes, the solo parent program is a significant addition to the ARMC. Through it, women who would otherwise be unable to find work and would thus spend years on welfare, can acquire the skills and self-esteem necessary to become productive workers and more effective parents. In addition, their children are provided the physical, intellectual, and emotional support essential to their development.

Ute Indian Tribe Full Day Head Start Center

The Ute Indian Tribe Full Day Head Start Center is an expanded Head Start project, unique for both its culturally oriented developmental care and its extensive parent and community involvement. In a program emphasizing the welfare and development of the whole child, children benefit from adequate health and nutritional services; they are given opportunities to develop physically, socially, emotionally, and intellectually; and they are encouraged to learn about, appreciate, and respect their Indian heritage. Their parents and community influence their education and control nearly every aspect of the center's operation—from making policy to making curtains.

Opened in December 1969, the Ute center is the only full-time day care program around the Fort Duchesne, Utah area, except for some family day care services funded by State welfare. It was launched as a result of increasing community employment in tribally operated businesses which magnified the need for day care. Tribe members approached the local community action program (CAP) agency, which was already operating part-time Head Start projects, and CAP then established the center with OEO funds.

The Children and Their Families

Forty-five preschoolers, nearly all Ute Indian, are now enrolled, 35 full time. Most of the children come from two-parent families. All parents either work or participate in school or training programs, and less than 25 percent have completed high school. Ninety percent of these families have incomes at or below OEO poverty guideline levels.

Facilities

Open 7:30 a.m. to 5 p.m., Monday through Friday throughout the year, the day care center is housed in a renovated, low, U-shaped building with approximately 60 square feet of indoor space per child. The space is divided into three major classroom areas, a kitchen, and an office which doubles as staff room, medical area, and isolation room when needed. Outdoor play space is also ample, with over 100 square feet per child.

A Head Start media center, specially designed for the preparation of bilingual and bicultural materials, is the outstanding feature of the facility. It contains adequate work space, as well as equipment, books, records, tapes, and materials which can be checked out by center staff or teachers from other area Head Start programs.

Education

Using the general principles and goals of Head Start, the center's basic objective is to enrich each child's development by offering as many different and constructive experiences as possible. The children are divided into three groups, based on developmental levels rather than chronological age, and each is supervised by a head teacher and a guidance teacher. Teachers are not restricted to a formal, structured curriculum, but follow instead the interests and suggestions of the children. Weekly topics—for example, food—become the focus for classroom activities, though another topic is introduced if children aren't interested. No child is forced to participate in any activity.

Bilingual communication is a major focus of the program. Almost all the children speak Ute as their native tongue, so the teachers, who are all bilingual, try to say everything in both English and Ute. Children are encouraged to use complete sentences, to play word games, use the tape recorder, and listen to stories and records.

The center tries to instill in each child a sense of self-reliance and self-worth, as well as an appreciation of his Indian heritage. Teachers encourage children to hang up their own coats, to set tables, serve themselves and clean up at mealtimes, and to select their own activities. Mirrors and photographs of the children are plentiful.

Respect for the Ute culture and heritage is reflected in every possible aspect of the program, from baking Indian bread to inviting Indian storytellers to visit the center. Children help

prepare Ute meals. On field trips, they often collect berries, which are later dried and used in food preparation, and wild onions and other roots which are used as dyes in basketmaking. Visits to tribally owned businesses and offices help the children see their own people constructively. Indian music, dancing, and crafts; books on Indian life, legends, and costumes; and field trips to Indian culture programs and to the spring Ute Bear Dance are all part of the center program.

Staff members strongly believe that this ethnically oriented curriculum increases the Ute children's pride in their tribe, their heritage, and themselves. For the non-Indian children, such exposure increases appreciation of both the Ute culture and their Indian friends.

Parent Participation

Until very recently, most Indians had virtually no control over the forces influencing their own lives or their children's education. The Ute day care center effectively remedies this on the local level. Parent participation is required in CAP guidelines, and Ute parents have found not only that they can influence the day care program, but that their influence is vital.

Parent and community involvement in the center takes many forms. Within both the day care center and the larger Head Start network, parents are prime policymakers. Policy decisions at the center level are handled by the Head Start Center Committee, whose members are parents of center children. Although the day care director, the assistant director, teachers, parents, and CAP officials all take part in program planning, the center committee is the final authority. Two members of this committee are elected to attend meetings of the area Head Start Parent Policy Council which evaluates each of the six Head Start centers—their equipment, paid and volunteer staff, food programs—and makes necessary changes. The president joins the presidents of the five other centers and community representatives on the Parents' Policy Council. Staff members give priority to the concerns of the council and attend its meetings only as resource people for specific issues.

Other parent involvement includes:

- participation in the classroom as paid employees, vounteers, or observers
- monthly parent meetings at which parents plan and implement such projects as fund raising, equipment construction, and revision of the parent policy and procedure handbook
- training and technical assistance workshops which are offered for Head Start staff members but which are also open to parents
- frequent parent-teacher contact at daily arrival and departure times, when special medical or dental problems arise, when a child is absent for more than 3 days, and at a meeting at least one additional time during the year
- almost daily contact with the assistant director
- visits and informal conversations during which parents often encourage changes that are frequently adopted in center programs or policy—for example, in the menu, equipment, or guidance techniques
- the tribal paper, the Ute Bulletin, which carries announcements of center meetings, job notices, and national news concerning day care.

Funding

Budgets are developed by the executive director of CAP, the Head Start director, and a center parent from the Policy Advisory Committee, and are presented to the Tribal Business Committee for approval. The average cost of the program is $1,344 for each child annually or $0.55 per child per hour. In-kind donations, primarily of staff time, comprise approximately one-third of the annual operating budget; the remainder comes from the Indian and Migrant Division, Office of Child Development in the Office of Education, HEW. Parents pay nothing for child care and related services.

Staff

The Ute day care center provides employment, adequate salaries, and opportunities for training and advancement in an area where jobs are often scarce. Its staff includes the executive Head Start director, the assistant Head Start director, three head teachers, three guidance teachers, a nurse, a cook, and volunteers who participate regularly.

The director oversees the six area Head Start programs. Under the director's supervision, the assistant director handles daily administrative details and public relations; counsels parents, teachers, and volunteers; and acts as the general resource person for all center operations.

Head teachers and guidance teachers work in teams to plan and supervise daily classroom activities for their group, to maintain anecdotal

records of the children's progress and communicate such progress to the parents, and to obtain necessary supplies and materials. Their in-staff training includes weekly meetings on such topics as curriculum, behavior problems, and policy changes, as well as weekly discussions on aspects of child development with a psychologist from the Bureau of Indian Affairs.

In-kind staff contributions include work from the Ute tribe's summer work program and the Neighborhood Youth Corps, as well as volunteers —parents, grandparents, community residents, members of teenage organizations, and Head Start assistants from other projects—who donate about 100 hours per week. Their participation improves the adult:child ratio of 1:5, brings new ideas to the programs, and enables the children to interact with various community people. Although problems sometimes occur—volunteers are trained only by their experience in the center—the benefits of their work considerably outweigh any negative effect.

Social and Health Services

The center offers children and their families many health and social benefits including daily nursing services, medical and dental care, a compensatory nutritional program, job counseling and family planning, and referrals to outside agencies when needed.

Head Start's full-time registered nurse examines children for diseases and infections; sees that each child receives an annual physical, dental, vision, and hearing checkup; and maintains health records. For the very few children who have significant suspected or potential learning problems, formal evaluations are made through IQ and cognitive tests and through psychiatric or social-emotional diagnoses. All examinations are free to parents; they are paid for by either the center or the Indian health clinic.

The compensatory nutrition program adds needed fruits, vegetables, and vitamin supplements to the typically high carbohydrate diet of the children, especially in winter when produce is scarce. Morning snacks are planned as adequate substitutes for breakfast, which many children do not eat at home. Lunches are hot and well-balanced, and afternoon snacks usually consist of fresh or canned fruit.

The center's director can provide parents with both job counseling and family planning information. Extensive community resources are also available to center families—resources within the tribe, through local and State medical and welfare programs, and through the BIA. The center makes numerous referrals to these agencies when specialized help is required for such major local needs as employment, alcoholism rehabilitation, family planning, and medical, dental, and mental health services.

Both staff and community members can participate in the CAP-sponsored career development program, which offers high school equivalency classes as well as college undergraduate and graduate level courses at Weber State College and Utah State University. After receiving such training, several guidance teachers were hired by the center and three were promoted to head teachers.

Greeley Parent-Child Center

The Greeley Parent-Child Center provides a quality day care "home" for 105 children, but its plans include more than simply providing child care. The goal of the center is to offer a comprehensive program for the total development of all the families involved.

The center opened in 1969, originally funded by the Colorado Migrant Council (CMC). As a model program, Greeley offered the first full-year day care for migrant children in Colorado. While most of the center families are Mexican-American former migrant farm workers, the policy of the program is to serve members of the low-income community regardless of family background.

Owned and operated by a nonprofit, incorporated parent board, the center enjoys extensive parent participation and broad community support. Its goals are:

- to improve the home life of center families by freeing both parents to work or to pursue job training
- to provide bilingual and bicultural education designed to meet the specific needs of Chicano children
- to foster communication and understanding between various sectors of the community, with emphasis on integrating the former migrant families into the "established" community.

Parent and Community Participation

Families of center children tend to be large. They live in inadequate housing, and a significant number are headed by women. In July 1972,

three-quarters of these families had incomes less than $4,000 per year. With little enough money for themselves, most parents have been unable to support the center financially.

When budget cuts for the CMC left the day care program without funding only a few months after start-up, staff members volunteered to work without pay. The University of Northern Colorado, the Weld County Opportunity Agency (a community action program agency), and Montforts (a major meat-processing and feedlot operation) gave financial assistance which continued the program on a day-to-day basis. Parents and community residents donated—and continue to donate—incalculable hours to the center. They painted, constructed equipment, worked as volunteers in the children's activities, cooked, scoured the community for materials and donations, and petitioned for paving B Street in front of the old church building which houses the center.

Just as they were beginning to see some progress, the church building was put up for sale: the center either had to buy the building or close. Once again, parent and community support allowed the center to remain open. The parents incorporated as a nonprofit group and, with community help, received a 100 percent loan to purchase the building on a rental basis. Montforts began supporting the $100 monthly mortgage payment—which has since been taken over by the Greeley National Bank Foundation—and other community agencies and people offered assistance.

As an incorporated group, the parents were now in the unique position of owning their own day care center. They formed a board of directors which includes the parents of all enrolled children. The board takes final responsibility for every aspect of the center's operations including hiring staff, budgeting, program planning, and setting admission criteria.

A 19-member advisory board of interested community, business, and professional leaders was also formed. This board includes a finance committee to raise money; a special needs committee to help parents with housing, education, financial and marriage counseling; and a curriculum committee to plan learning activities for the children.

The community's involvement in the center is reciprocated. To meet community needs, the center serves as a placement site for student teachers and trainees from area schools and as a source of technical assistance for developing local day care programs. In addition, the Mexican-American families have an increased commitment to their new home. For many of the former migrants, ownership of the center and participation on the board of directors represent their first opportunity to experience a feeling of permanence and commitment to one community. And their success with the center has given them an unprecedented sense of competence and worth.

The combination of parental control and decisionmaking authority with community support and technical assistance has permitted the Greeley center not only to function and grow, but also to fulfill its community relations objective—"to foster communication and understanding between various sectors of the community." In a town which had only hesitantly accepted migrants as permanent community members, old and new residents are beginning to meet on a personal level because of their mutual concern and commitment to the day care center.

Eligibility

The center is open to all children from infancy through 5 years of age (1) whose parents are in financial need and require day care services to free them for work or job training, or (2) who have a problem with language development or some other physical, mental, or emotional difficulty which might be helped by the center's program.

Of the 105 children currently enrolled, 10 are infants and 20 are toddlers. Twenty of the preschoolers divide each day between district Head Start programs and the day care center, although in summer they attend the center full time. The remaining 85 children are enrolled full time.

Education

The curriculum at Greeley is designed with typical developmental goals: to enhance the children's self-image, encourage their psychomotor development, and stimulate their social growth and awareness. Its uniqueness stems from its bilingual, bicultural approach to these objectives. Currently being developed, the bilingual, bicultural curriculum focuses on a thorough appreciation of the children's backgrounds and culture.

Most of the children speak Spanish as their native language and English to a lesser degree.

They need a strong language foundation—a good basic knowledge of their own tongue before they learn English as a second language. Some of the curriculum is therefore presented in Spanish, and some in both languages, so that each child can acquire a good background in both Spanish and English before entering first grade.

Children are encouraged to take pride in their culture—to learn Mexican stories and folklore and to appreciate Mexican holidays and food. Through the use of carefully chosen curriculum materials—songs, finger plays, records, books, and poems—and through techniques ranging from dramatic play to storytelling, each child can experience a wide variety of elements of both the Mexican and Anglo cultures. Children's birthdays, for example, may become the occasion for a bicultural birthday party or fiesta which can generate questions and reactions about the similarities and differences between cultural styles.

Curriculum specialists have been hired to design the program, to provide inservice training for staff members, and to implement all aspects of testing and development. The bilingual, bicultural curriculum is now in varying stages of development for each of three age groups: for birth to 1 year; for 1 to 3 years; and for 3 to 5 years. As they are completed, these model curricula will be shared with other, similar day care programs.

For the infant group, the curriculum centers around stimulation, physical contact, and affection. It focuses mainly on efforts to develop eye-hand coordination, and constant affectionate verbalization. The center staff also works closely with the parents of children in this group.

The toddlers' curriculum concentrates on a sequential development of motor skills. The staff is trained to listen carefully to each child, no matter how good or poor his language development. The program focuses on walking, climbing, socializing, eating in a group situation—but only when the child is ready.

For the oldest group, a complete series of study units has been prepared on topics from "myself" and "my family" to "holidays" and "people from other countries." The children are stimulated to learn through play, to develop physical coordination, to relate to other children and adults, to deal with their emotions, to expand concepts and ideas about the world, to develop curiosity and creativity, and to become proficient in expressing themselves both verbally and nonverbally. Their program includes field trips, visits from resource people, audiovisual media, group planning and discussion sessions, and carefully designed interest centers.

Facilities

Most of the day care center is still housed in the original old church building; offices are in a house next door and the toddler and infant facilities are temporarily located in borrowed buildings several miles from the B Street center. While current facilities meet minimal licensing standards, all are far from adequate. Maintenance is both inefficient and expensive, and the present scattering of buildings makes a unified program difficult.

In 1972, the parent board was able to purchase enough land at the church site to allow construction of facilities adequate for the entire program. A new infant center and office building are being designed, and priority will be given first to the construction of new buildings and then to the purchasing of necessary equipment. Although parents, community members, and students have constructed everything possible—from shelving to a creative playground made from discarded materials and community donations—certain pieces of developmental equipment must still be bought.

Health and Social Services

The Greeley center's health and social services program is designed to meet the particular needs of both parents and children, yet financial limitations necessarily restrict its scope.

Each child is examined upon enrollment. Medical and psychological services are available from local clinics and doctors at no charge either to the center or to parents who cannot pay. Two nurses handle most of the center's health care program. A licensed practical nurse works daily in the nursery with infants and toddlers, makes followup checks in their homes, and provides emergency care for any child in the center. A registered public health nurse coordinates existing health services with children's needs and encourages appropriate agencies to sponsor new services.

Health care is supplemented by well-balanced breakfasts, lunches, and afternoon snacks. Since children receive much of their daily nutritional intake at the center, good food is essential.

Until lately, the center's family services have been available only on a crisis basis. The director

and staff helped with any problem brought to their attention, though they had little time to establish special contacts with parents. The center has recently hired a bilingual "family contact worker." Beginning with in-depth pre-enrollment interviews and carrying through regular family contacts, this person serves as liaison between the center, community resources, and each family.

Staff

The staff has grown to 25 paid members including the director, an assistant director, 5 teachers, several teachers' aides, a registered public nurse, a family contact worker, and a secretary. Many of the staff are Chicano and several are parents of center children. Other mothers, college students, Neighborhood Youth Corps workers, and staff members from the work incentive program of the Department of Labor, donate their time as unpaid staff. The overall staff:child ratio is approximately 1:5.

Through arrangements with Aims Community College and the University of Northern Colorado, any staff member may take courses to advance occupational or educational goals: from obtaining the necessary hours in child development to meet state licensing requirements for operating a day care center, to working toward an undergraduate degree. In addition, various programs of inservice training related to the bilingual, bicultural curriculum are being explored.

Funding

An unstable income is the center's main problem. Approximately 75 percent of its regular income is paid by the Weld County Public Welfare Office to support children whose mothers are enrolled in job training. Much of the rest is from local contributions. Neither of these sources is reliable: private contributions cannot be guaranteed, and the number of children supported by the county welfare office fluctuates monthly.

There are, however, several other sources of funds. The Department of Agriculture reimburses the center $0.55 per child/day for food costs, and surplus foods are used. Some parents pay nothing for day care, while others pay up to $10 weekly depending on their self-determined income and a sliding scale of charges. In July 1971, the center was awarded a 2-year OEO grant of $113,000 to support the infant and toddler program in separate facilities and to develop the bilingual curriculum.

The volunteer work of parents, community members, students, and in-kind personnel has significantly reduced operating expenses. The center could not function without such donations of labor and supplies. Yet reserve funds for program operation, equipment purchase, construction, and other expenses are badly needed.

Planning for the Future

Of the four day care centers considered in this chapter, the Greeley Parent-Child Center is both the least securely funded and the most rapidly changing.

The growth of the child care program is typical of the center's progress. Early services, which were little more than babysitting, have evolved into quality day care. As the bilingual, bicultural curriculum develops, even more of the children's needs will be met. The director and staff have a long list of ambitious plans and hopes for the center—if only funding can be arranged to support additional staff members, facilities, and services.

Plans for inservice training of staff, reorganization of the parent board of directors and the advisory board, construction of new facilities, and expansion of the health services and an immunization program are a few of the many near-future goals. Additional funding, if it becomes available, will significantly speed all plans.

Public relations has been a vital element in the survival of the center since its beginning. An extensive series of brochures is being prepared to inform selected audiences of the center's functions within the community and to ensure that each group knows exactly how it can become involved. A speakers' bureau is being organized by which parents, staff members, and community representatives will be trained to present slide shows and video tapes at civic and church meetings throughout the area. Each speaker will offer a personal point of view derived from his or her own involvement with the center to encourage all community residents to become involved in the center.

The problems faced by the Greeley Parent-Child Center are not uncommon. Many day care programs lack funding and resources, and most operate under far from ideal conditions. What is unique about Greeley is the obvious success of the center and community in mutually supporting each other. Despite inadequate funding

and crisis situations threatening its operation, the Greeley Parent-Child Center has succeeded in offering a variety of services designed for its children, parents, staff, and community.

The president of the advisory board puts it this way: "It has brought many diverse individuals from both sides of the track together who never had a common bond before. And I think I know why. The basic ingredient of the center is a heck of a lot of love." [1]

References

These descriptions of exemplary day care centers are largely based on unpublished materials—annual reports, program descriptions, informal evaluations, grant applications, and other materials prepared especially for this book. Some materials are available from the centers described.

Chicago Amalgamated Child Day Care and Health Center
Ms. Muriel Tuteur, Director
Amalgamated Child Day Care and Health Center
323 South Ashland Boulevard
Chicago, Ill. 60607

Child Development Center, Atlanta Residential Manpower Center
Dr. Jon Fielding
Principal Medical Services Officer
Office of the Director, Job Corps
U.S. Department of Labor
Manpower Administration
Washington, D.C. 20210

Greeley Parent-Child Center
Ms. Ann Heiman, Director
Greeley Parent-Child Center
Box 991
Greeley, Colo. 80631

Ute Indian Tribe Full Day Head Start Center
Ms. Elaine Valverde
Ute Indian Tribe Full Day Head Start Center
Fort Duchesne, Utah 84026

In addition, see:

A Study in Child Care. 1970–71. Volume II–A: Center Case Studies, and *Volume II–B: System Case Studies*. Cambridge, Mass.: ABT Associates, 1971.

[1] Murphy, Betty, "OEO Day Care Demonstration Centers, Salt Lake Center: A Little United Nations; Greeley Center: From Baby Sitting to Basic Learning," *Opportunity*, 2 (3) April 1972. Not copyrighted. No permission necessary for reproduction.

Chapter 16

Exemplary Networks or Systems

As the four centers in the preceding chapter illustrate, it is difficult, if not impossible, to imagine any two day care programs being exactly alike—the characteristics of a particular program will invariably be determined by the people it involves. The five networks which follow further illustrate the relation between quality day care and the community. Each is an organized system of day care centers and/or family homes which serves a particular function for a particular community: from providing complete family services to the isolated rural people in the mountains of eastern Kentucky to offering instructional day care to the multiethnic population of Berkeley, Calif.

In general, a system is capable of a range of planning and program operations beyond the resources of an individual program. Mass purchasing, curriculum development, formal consultation, communitywide planning, integration of various day care settings, integration of day care and public school programs, centralized professional administration, evaluation—all of these are typically easier to accomplish through a day care network.

The Kentucky Rural Child Care Project, the only nonurban system included in this chapter, operates 27 day care centers throughout eastern Kentucky. In this region where jobs are scarce and supportive services often badly needed, the project has provided training and employment for many local residents, a social services program staffed by project-trained community members, quality day care which emphasizes language proficiency and personal development, and, most important, a way for people from the area to help themselves.

The second network model, in Berkeley, Calif., has operated in varied forms for 40 years. Under the supervision of the city public school district, this system—the Early Childhood Education System—includes four different, quality programs: day care for children of working or student parents; half-day educational nurseries for preschoolers, in which parent involvement is maximized; programs for handicapped children; and an educational model which combines preschool and primary school groupings.

Another California program exemplifies a successful, organized approach to *family* day care. The Pasadena Community Family Day Care Project is a visible network whose purpose is to give structure to area day care homes already in existence, as well as resources, training, and support to the family caregivers.

The Houston Neighborhood Centers–Day Care Association is another system of family day care homes, but on a much larger scale than the 26-home network in Pasadena. The Houston system is countywide and includes nine day care centers and 180 family homes. A private, United Fund agency serving mainly welfare or low-income families, the association provides developmental child care, training and licensing for day home operators, family social services, and a program of medical and psychological screening and referral.

The final system in the chapter comprises the four Children's Centers of Santa Monica, Calif.[1] This network is operated by the Santa Monica Unified School District, a system in which students from the junior high to the junior college levels are involved in the workings of the child care centers. Following this description is an evaluation of one of the centers conducted by a group from Pacific Oaks College. This example notes many of the points which should be included in an evaluation of any quality day care program.

The centers and systems described here and in the preceding chapter illustrate that there is no single "best" day care for all children and all families. They illustrate the importance of diversity, choice, and responsiveness to changing conditions. These programs are constantly changing, constantly responding to changes in such areas as funding, the families they serve,

[1] It might seem odd that three out of the five networks included here are located in California. However, California is one of the most advanced States in the country in terms of planning for children, and its programs are among the most innovative.

and new knowledge about children and child care.

Kentucky Rural Child Care Project

The Kentucky Rural Child Care Project (RCCP) operates a system of 27 day care centers, which are the focus of several social services, including child development programs, social work, and homemaking. With locations in 11 Appalachian counties, these centers serve about 900 children, while the project itself provides services for more than 5,000 people. Such a comprehensive approach is essential in these rural eastern Kentucky counties, where unemployment is extensive, poor health and malnutrition are common, and children often do poorly in school.

The children enrolled in the centers are from 4 to 6 years old; they are from low-income families, most are white, and most come from homes in isolated areas. In rural Kentucky, day care is not a service primarily for working mothers. Few mothers work, and in more than 60 percent of the families served, both parents are unemployed. Rather, day care serves as a way of reducing the isolation of both children and parents by providing contact with other children and adults, introducing the family to community resources, and teaching language skills.

Started in 1964 as a Head Start program, the project is run by the Kentucky Youth Research Center, a vehicle for programs of research, demonstration, and training in child welfare. The organization of the individual centers into a centrally staffed network offers special advantages in this rural area with its widely scattered population. The network provides an internal training program for the directors and staff of the various centers; efficient transportation; centralized funding activities by an experienced staff; large-scale purchasing; central record-keeping and fiscal management; program evaluation; supervision of career development; and the most efficient use of trained professionals to supervise the work of volunteers.

Facilities

Since no funds are available for construction, finding adequate facilities is a continuing problem. Centers have been located in churches, abandoned schools, storefronts, and community buildings such as American Legion halls. Parents and community members repair these buildings so that they comply with building codes and are suitable for day care. They have also built much of the play equipment, including sandboxes, wooden cars, slides, and ladders, and have improvised other equipment, such as play tunnels made from oil barrels and, at one center, even an indoor tree house.

Transportation

Many families served by the project live in remote areas, and roads are often inadequate. Some children have been unable to attend a center because they lacked transportation, some live 2 or more hours from the nearest center, and some can attend only during warm weather when all roads are open.

Although public school buses are sometimes used, most centers provide their own transportation. Transportation aides, paid hourly salaries plus mileage and part of their car insurance, use their own cars to transport children. These aides provide a link between the home and the center by meeting the parents, seeing their homes, and learning something about the child's environment. Many spend time at the centers in addition to their transportation duties.

The project has applied for funds for several 12-passenger vans to cut the number of daily trips necessary and to simplify insurance problems.

Education

Most centers are open from 8 a.m. to 3 p.m., Monday through Friday, 42 weeks a year. Each tries to create a warm, understanding, and stimulating atmosphere where children can learn and develop. No formal educational program nor written curriculum is used; instead, children are encouraged to express themselves with creative materials—such as paints, crayons, clay, and construction paper—and to select activities for themselves. Each week's program centers loosely around a theme such as colors and shapes, the seasons, or wheels and transportation; but if the children show no interest in a theme or activity, it is changed.

A typical day includes periods of free play, organized activities—such as art, science, music, or language development—time to wash, listen to a story, nap, and eat breakfast, lunch, and snacks.

In this part of Kentucky, the teaching of language skills is a particularly important part of the day care program, since a long history of isolation has made many people laconic. Most children and nonprofessional staff members are at

first unaccustomed to expressing themselves in words. Staff members, having been encouraged to be more verbal and expressive, have transmitted their new skills and enjoyment of language to the children. Naming familiar objects and verbalizing in play are emphasized, and some of the centers use special materials such as the Peabody Language Kit.

The centers also try to overcome the children's typical shyness and withdrawal. One method devised by the staff is to make up a story about a child who has been sad or unresponsive; and activities such as a beauty parlor day help the children improve their self-images.

Results of the education program have been impressive. In a study of 24 first- and second-grade teachers who have taught former project children in public schools, the majority rank them above comparable nonprogram children in school readiness, school progress, emotional maturity, friendliness, leadership, eagerness to learn and participate, and parent interest.

Children in the rural child care project, as in many programs elsewhere, seem to gain little in formal knowledge or specific social skills in the second year beyond what they learned the first year. Many mothers teach as volunteers, and some have become as effective in teaching their own children under structured learning conditions as project teachers are with other youngsters. The project staff feels that further upgrading of teacher training would produce even better results.

To improve its child development program, the project is currently experimenting in selected centers with curriculum innovations developed at the High/Scope Educational Foundation in Ypsilanti, Mich. and at the Children's Center of Syracuse University. In addition, it is working cooperatively with several other agencies in Kentucky and North Carolina to create an Appalachian heritage curriculum, seeking to demonstrate that positive aspects of the Appalachian culture can be taught within a preschool curriculum.

Nutrition

Nutrition is also an important component of the day care program. Breakfast is served to those children who need it, and all receive lunch and two snacks. Project-trained cooks introduce the children to new foods and different ways of preparing them as a means of teaching not only nutrition, but also concepts of color, texture, temperature, shape, and measurement. The children also learn to plan meals, serve, and clean up. An added benefit of this nutrition component is that the children carry to their families improved habits and concepts of nutrition and sanitation.

Health

The county social worker, a local resident trained by the project, is responsible for seeing that the children receive medical and dental services. Upon enrolling, the children receive checkups, inoculations, and in many cases treatment for intestinal parasites, a common problem caused by unsanitary water supplies. All medical and dental problems are treated, usually by local clinics or doctors. When necessary, transportation aides take children to specialists outside the community.

Staff

A major function of the rural child care project is to train local residents to staff day care centers and to perform social work and homemaker services under the supervision of a central staff of professionals. The total network staff numbers 236. The organization is shown in figure 16–1, in which all positions double-outlined are held by project-trained local residents. Each county also has a volunteer coordinator who recruits, trains, and schedules volunteers, and awards certificates and pins for their services.

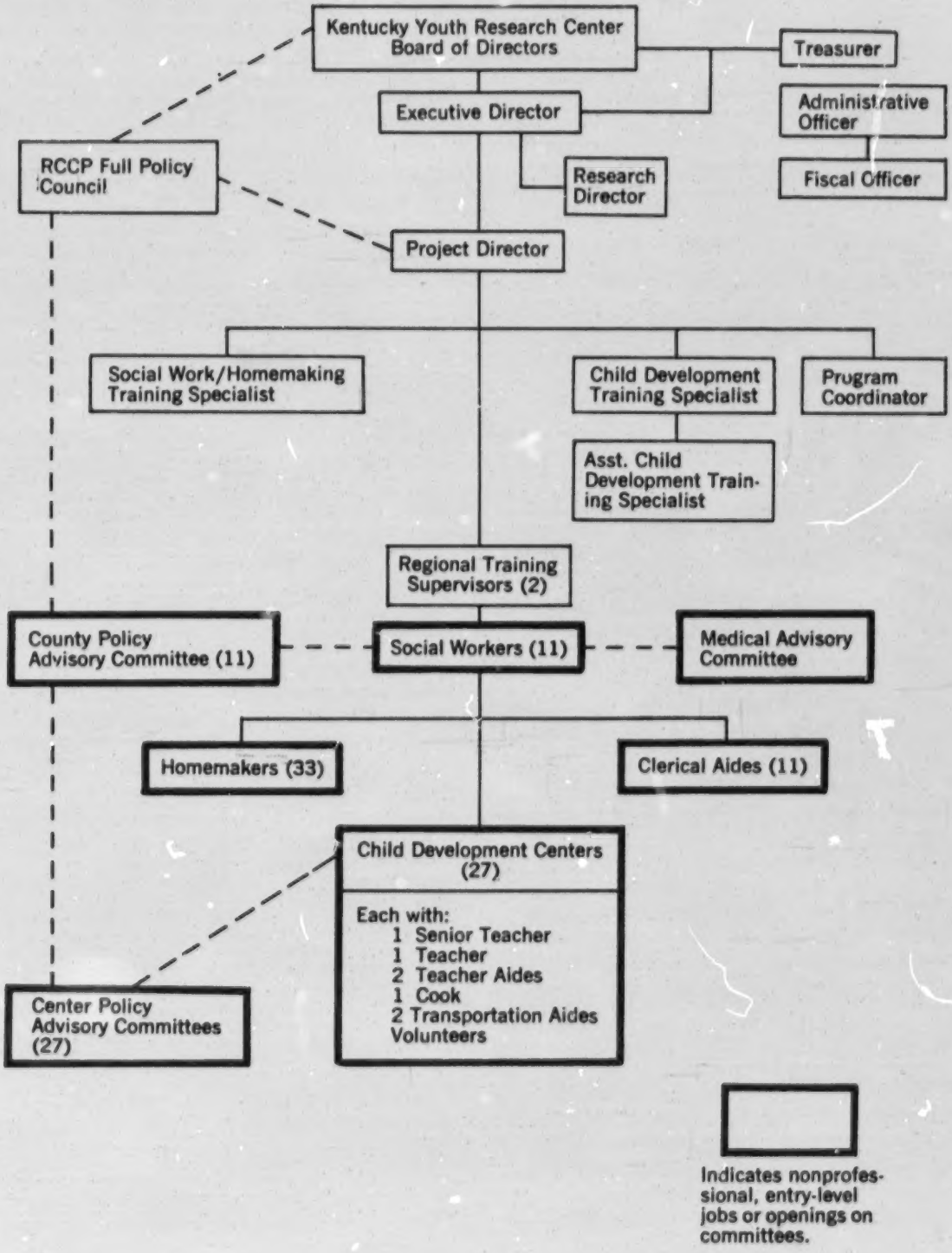
Preservice Training. It was assumed from the start that family and child care services could be provided by nonprofessionals, if they were adequately trained and supervised. Considerable time, money, and planning have gone into staff training and career development, and the results have been outstanding. New jobs have been created in the community, and the project has a dedicated, well-trained, competent staff.

Each county has a social worker, several homemakers, and a clerical aide, and each center has two teachers, two teacher aides, a cook, and two transportation aides—all of whom have been trained by the project. Many of these people had never before held a full-time job, and less than half had finished high school.

The training program for these positions is conducted by professional staff members and consultants. Each trainee is taught recordkeeping, personnel policies, what is expected of full-time employees, the goals and methods of the project, the roles of different staff members, and the particular duties of his or her own job. Training emphasizes the importance of each individual's

Figure 16–1

RURAL CHILD CARE PROJECT SYSTEM ORGANIZATION CHART



contribution. At this time, salary opportunities and career ladders are clearly described (fig. 16–2).

All trainees are taught how to help—how to listen, understand, respect differences, and establish trust. Specific skills are also taught. For example, homemaker skills include nutrition, housekeeping, laundry and mending, child care, budgeting, and personal hygiene; teachers and teacher aides are taught to use play equipment and materials for teaching language skills, and to recognize health problems.

Inservice Training. On the job training is directed by a regional training supervisor and a child development specialist or a social work/homemaking training specialist. Formal training sessions are held periodically to teach new skills. In addition, scholarships are given to those who want to work toward high school equivalency diplomas or to earn college credit. Staff members take basic college courses such as English, as well as courses directly related to their jobs. As training proceeds, staff members learn many of the skills needed for other project jobs so that they can work together as a team and will be able to change fields if they desire.

Training Results. Staff training has produced excellent results. Children are learning, and their families are using the homemaking services and other community resources far more extensively than in the past. Staff turnover is low, and job mobility is high. Many staff members have been promoted within the program, and many others have found jobs in other social service agencies, in the public school system, or with local businesses. More than half have gained college credits.

Social Work and Homemaking

The social work and homemaking services of each county are provided by one social worker, three homemakers, and one clerical aide. However, the focal point of project services is the social worker, a local resident employed and trained by the project to supervise the homemakers and the child development centers, to help the community organize policy advisory committees and medical advisory boards, to work directly with families, and to participate in the group work programs run by homemakers. Many social workers have become community leaders, developing local social services and locating sources of help outside the community.

The social worker introduces families to the project's social work and homemaking services. She contacts the parents to explain the homemaker service, emphasizing that it is voluntary and deals only with problems which the parents bring up. Initial homemaker placements are often made at times of family crisis, when the homemaker will have a clear and important job.

When the project began, the homemakers' major concern was the physical well-being of the families they served. They were trained to instruct families and to make them eventually self-sufficient in personal hygiene, budgeting, and other household functions. However, as the project developed, the homemakers began to take over many social work functions. Under the social worker's supervision, they now inform families of available community resources and follow up to see that the family receives the services to which it is entitled. Homemakers are now given special training for their expanded role. They are taught to help families express their needs and problems and to offer alternate solutions for consideration. They are taught not to impose their own opinions or solutions but to help each family solve its own problems in ways that suit the situation.

Homemakers have also organized group meetings for mothers. Meeting topics are suggested by the mothers and have included carpentry, plumbing, family planning, child behavior, driver education, income tax, home loans, and food stamps. For many of the women, these meetings are their only chance to meet people and learn to speak out before strangers. The groups generally become more independent as they progress, and the homemaker assumes a role as organizer rather than leader.

Parent Involvement

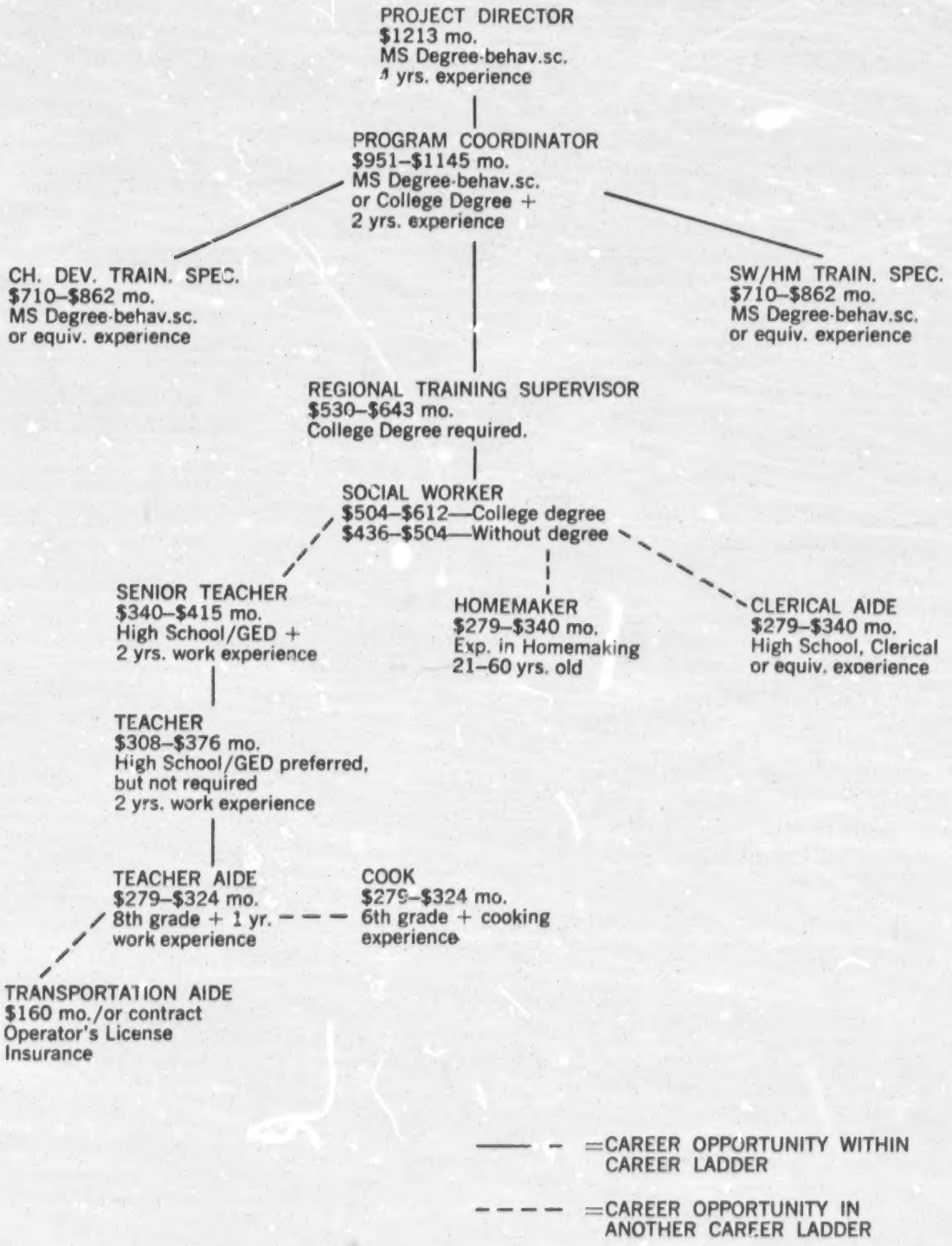
The extensive involvement of parents in the project's activities is a remarkable achievement, considering the physical isolation of many of the families. Until the project began, some parents had never been away from their own homes nor participated in a community activity. Mothers have generally been more active than fathers within the project, and even those fathers who have built equipment and made repairs have been slow to involve themselves on a continuing basis.

Parent involvement was a basic part of the project's strategy from the beginning. Parents were hired for staff positions, enlisted for advisory committees, and used extensively as vol-

Figure 16–2

R.C.C.P. CAREER LADDER

(Salary range and basic qualifications)



unteers. But the homemaker service has proven the most important way of involving parents in the centers. Homemakers have encouraged parents to take an interest in their children's activities at the centers, suggested ways they can help as volunteers, and told them how they could participate in decisionmaking within the project.

As a result, parents have contributed immeasurably to the centers. They have raised funds through dinners and bake sales, and they frequently offer innovative solutions to center problems. For example, when several children lacked clothing but their parents did not want to accept hand-me-downs, a group of mothers suggested making "center pants" of colorful, donated fabric. These pants are now used when needed and are then returned to the center. As another example, a woman who took speech lessons to be able to help her own child now practices speech therapy at one of the centers.

Parents are also strongly represented at all three levels of the project's decisionmaking structure—center, county, and full project. Each center has a policy committee, composed of all the parents, which meets monthly to discuss center business. Each county has a county policy committee, composed of eight center parents and eight community members, which coordinates the center committees, makes basic decisions about the program, discusses resource development, and forms personnel selection committees and medical advisory boards. At the top of the organization is the full project policy committee, composed of one parent and one community resident from each of the 11 counties. Committee members compare problems, share ideas, and make recommendations to the project's director and board of directors. (See fig. 16–1 for the organization of the project.)

A monthly newsletter, published by the project for parents and community members, carries readers' stories, recipes, and artwork, reports on project activities, and news about relevant Federal and State legislation.

Berkeley Early Childhood Education System

In Berkeley, Calif., a day care system has been operating since 1933, its long success due mainly to the support of the city public school district. The Berkeley Early Childhood Education (ECE) System is quite complex, since not only is it part of a State-wide system and a local system, but it also receives funds from Federal, State, city, and parent sources. The system consists of a variety of programs, which together serve over 800 children from Berkeley's multiethnic population. These programs include:

- five Children's Centers which provide day care for children from 2 to 9 years old
- 19 Parent Nursery classes which provide 2- to 4-year-olds with a half-day educational program and include extensive parent involvement
- the Early Growth Center program for preschool children with physical, emotional, or learning disabilities
- two Early Learning Centers, innovative educational models which implement cross-age grouping for children 2½ to 9 years old.

Background

Berkeley has operated two kinds of nursery school programs for more than 30 years. The Parent Nursery program grew out of community demand for child care in the early 1940's. The Children's Center day care program developed from the Child Care Center (day care) program which was started under the Federal Government prior to World War II. When Federal financing was cut off, the Child Care Center program was continued with State funds in 1945 as a program for working parents. This support was unique to California.

In 1965, the Berkeley Unified School District (BUSD) created the Department of Early Childhood Education (ECE), consisting of various programs, with priority for day care given to children of low-income or single-parent families. The success of ECE and other State-funded programs led to California's passage of the State Preschool Education Project (AB–1331), which provides tuition for preschool children of welfare recipients. The Department of Welfare contracted with the California Department of Education, stipulating that State preschool would have an educational component, and consultants from the Department of Education supervised the programs.

In 1966, the California Legislature renamed the "Child Care Center program" to the "Children's Center program," stating the importance of "supervision and instruction" in day care, rather than merely "care and supervision." Later, Federal Title IV–A funds became available to Children's Centers and they were brought under the Federal Inter-Agency Day Care Requirements.

The long history of Federal and State support of children's programs in California was con-

tinued in 1972 by the State's passage of the far-reaching Early Childhood Education bill (SB–1302). This bill enables local school districts to establish comprehensive educational programs for children from nursery school through primary school. The bill confirms the State's commitment to early childhood education as an essential component of public social services.

Program Goals and Objectives

Berkeley child care is based on a well-developed and defined educational philosophy, with specific goals and objectives for children, parents, and the community.

Parental involvement is a primary goal of all the programs. Each has been designed so that parents can work directly with the staff to formulate goals, values, and behavioral standards for the individual school communities.

A second objective of these programs is to offer Berkeley citizens a series of alternatives to traditional patterns of child rearing as well as to discover new and viable patterns. Throughout the school district, special emphasis is placed on a sense of multicultural community to answer the needs of Berkeley's wide variety of life styles and ethnic groups.

The third objective is the use of small-sized educational and administrative units, which foster intimacy, permit attention to individual differences, encourage commitment to children, and thus contribute to maximum growth.

There are also goals of a more general nature—for example, to help each child develop a sense of self-worth and competence. Staff objectives include helping the child acquire abilities such as initiating and maintaining contacts with both peers and adults, and using and controlling his body.

Administration

Since 1970, ECE programs have been administered by a team of supervising teachers, each on the level of a school principal and directly responsible to the assistant superintendent for instruction. Other basic administrative services are provided by the school district, including facilities, purchasing and accounting, hiring, project planning, and research and evaluation.

Staff

The ECE teaching staff includes: the supervising teachers who have M.A.s or the equivalent in early childhood education; teachers, college graduates with teaching credentials or Children's Center supervisory permits; assistant teachers, some having B.A. or M.A. degrees, and all having at least provisional State permits and a year of experience; and noncertificated instructional aides. These staff members are not only well-qualified; they are also able to devote consistent and undistracted attention to high-quality education because of certain features in the ECE system, such as professional support, freedom from most administrative duties, an average adult:child ratio of 1:5, and never more than 6 hours of direct work with the children each day.

To support the regular teaching staff, ECE has established a supportive service team of professionals and paraprofessionals, which includes:

- community workers who handle attendance, clothing needs, and the recruiting of families referred by the County Human Resources Agency for free enrollment in the Parent Nurseries
- health consultants who deal with physical and mental health, and dietary and nutritional concerns
- a guidance consultant (school social worker) who attends to family crises, emergencies, and common problems of child rearing, and who observes and evaluates children
- a psychologist who has the administrative responsibility for the design, research, and follow-through of the evaluation of children's learning in the ECE programs.

Members of this team are assigned to the ECE centers, and they meet regularly to discuss children having problems and to make certain that efforts are not being duplicated. They also refer families, when necessary, to appropriate community agencies for guidance, counseling, health care, financial and legal aid, and crisis prevention.

Parent Involvement

Parent involvement at the policymaking level in the ECE system works as it does in any organization administered by a California city school district: the Board of Education, by law, must set certain policies and procedures, such as taxing power and personnel practices. However, in 1970, when the BUSD Department of Early Childhood Education decentralized its administration by delegating authority among five supervising teachers, it was able to maximize parent involvement and increase direct communication between administrators and users of

the ECE programs. Following this decentralization, parents and staff felt increasingly able to deal with problems because the smaller administrative units under the supervising teachers were more directly available.

Parents now act in both advisory and decisionmaking capacities. For example:

- The parents and staff from each site decide how to spend their budget allocation for instructional supplies.
- Parents are now members of advisory committees for screening and interviewing new staff members.
- Parents of children enrolled in the half-day Parent Nursery programs are required to attend weekly meetings besides their required classroom participation.
- The working and student parents of children in the day care programs are involved in the schools' decisionmaking and have a strong influence on curriculum and planning.

Through this kind of involvement, parents can clarify their own roles and styles as teachers of their children, as well as influence the programs in which their children are enrolled.

Many working parents visit the day care programs during the noon hours, and evening meetings are held monthly, dealing with such topics as discipline, children's sex play, children's experiences in school, nutrition, and suggestions for program changes. A home visit is always made when children enter the Parent Nursery program, and an intake conference (either in the parents' home or the center) is held for each child in the Children's Center program. After the start of the program, parent conferences are required for all children in an ECE program in the winter and spring, either at home or at the center, to discuss the child's progress. Other conferences are arranged as needed.

Parent involvement has been extended to the State level where politically active ECE parents have helped to secure funding and the passage of child care legislation.

Community Relations

The ECE facilities are always open to visitors from the community or from other programs. Some centers serve as the sites of fieldwork or as training laboratories for students in child development classes at local schools and colleges. For example, the Whittier ECE Complex and Franklin Parent Nursery serve as "laboratory schools," where students from the University of California School of Education do their practice teaching. College students also participate by observing or working as teacher aides or research assistants under work-study programs. Students in health and nutrition programs often participate by working with children, providing inservice training for teachers, or making presentations at parent meetings. High school students from the Neighborhood Youth Corps work as aides or as clerical assistants, and other community volunteers participate in the programs to prepare for child care careers.

Children's Centers

Open 11 hours a day, 5 days a week the year round, the five Children's Centers offer two basic programs: the Children's Center nursery program and the school age program.

The *Children's Center nurseries* serve children ages 2½ to 5, who have working or student parents. These children spend 6 to 10 hours daily at the center. Breakfast is available to those who did not eat at home, and all receive two snacks and a hot lunch daily. While much of their day is spent in self-chosen activities, both indoors and out, the children also receive instruction in specific curriculum areas such as science, number concepts, language development, art, music, and reading readiness. Emphasis is on individual and small-group learning, though there is no one prevailing curriculum model used throughout the system. Primary sensory and perceptual experiences and the beginning of the basic skills of reading, writing, and math help develop the child's self-concept, socialization, and problem-solving abilities.

The *school age program*, for children from kindergarten through third grade, operates in centers on primary school sites. This program serves children whose families are not at home before and after school. Through tutoring and supplemental basic-skill activities, it provides support and extension of the primary school curriculum.

The Children's Center program is funded approximately as follows:

	Percent
Parent fees	5.7
State moneys based on actual attendance plus some State and Federal moneys based on attendance for low-income and/or AFDC families	42.7
City Children's Center override tax (rate set on the basis of budget needs)	51.4
Miscellaneous	.2
$978,832 for Fiscal Year 1971	100.0

Parent fees are on a sliding scale based on monthly gross income and family size.

Parent Nurseries

Parent Nurseries offer 19 half-day classes for 2- to 4-year-olds, morning or afternoon, in seven locations throughout the city. Curriculum goals and activities are similar to those of the Children's Center nurseries, but parents are required to participate in the program for the equivalent of 100 hours each semester.

All Parent Nursery classes are led by a trained experienced teacher and an assistant teacher who encourage the parents to take part in both the decisionmaking and operation of the school. Parents work directly with the teachers, assisting in all learning areas, maintenance tasks, special projects, and field trips. They attend weekly meetings, are active in community and school affairs, and enhance the curriculum by bringing their unique talents to it. Besides gaining the experience of observing and working with professionals, parents contribute to the adult:child ratio of 1:5.

In response to the needs of the community's Chicano families, two bilingual classes are offered through the district's affiliation with the Bay Area Bilingual Education League (BABEL) at one of the Parent Nurseries. In addition to the regular curriculum, both Spanish-speaking and non-Spanish-speaking children and parents learn each other's language and share their cultural backgrounds. BABEL also provides staff and curriculum resources; for example, through the cooperation of BABEL and the Parent Nursery staff and families, 3- and 4-year-olds are now learning concept building with the use of film and cameras.

The Parent Nursery program is funded as follows:

	Percent
Parent fees	5.0
State moneys	5.5
A portion of city adult education override tax	12.4
A supplement from the Berkeley Unified School District's general fund	77.1
$229,350 for Fiscal Year 1971	100.0

Almost all the 2-year-olds are fee-paying, although there are a few scholarships. Half the parents of 3- and 4-year-olds in each of the 19 programs pay a fee of $21.50 a semester; the other half is enrolled free of charge through the State Preschool Education Project for families receiving AFDC.

Early Growth Center Program

A special project connected with the ECE programs since 1971, the Early Growth Center is part of a national network of 100 projects funded by the Bureau of Education for the Handicapped, HEW. The project has two major objectives: to provide each child with a maximum chance for healthy growth and successful participation in regular school programs, and to train parents and teachers to identify and help those children who have learning and behavior problems.

The Early Growth Center program serves those children enrolled in the Parent Nurseries and Children's Centers who have been found to have physical, emotional, or learning problems which interfere with their social adjustment and/or ability to function in school. It also serves children with handicaps such as cerebral palsy, mental retardation, and hearing and speech difficulties who do not require highly specialized programs. At present, the major components of the project include:

- a model developmental day care program—integrated with the regular program at King Children's Center—which focuses on the prevention and minimization of handicapping conditions in young children
- inservice training for parents and teachers, including 1-month internships at King Children's Center and a series of lecture, workshop, and practicum sessions
- the development of more effective methods of communication and cooperation between parents, teachers, and the medical community.

Services to the other schools in the ECE system are planned to increase as interns from the King Center complete their training and adapt the model program to their home school.

Early Learning Centers

The State of California, as well as the Berkeley ECE System, sees the Early Learning Center concept as a growing, replicable model. Its innovative features include: (1) a combination of Children's Center, Parent Nursery, and primary school (kindergarten through third grade) programs, with children aged 2½ to 9 in cross-age groupings; and (2) the blending of formal or traditional education and day care. This model eliminates the arbitrary separation of age groups and of children receiving instruction and those receiving day care.

The Early Learning Center curriculum stresses concept-building communication and socializa-

tion skills, as well as reading, writing, and math. The program provides early developmental care, a multiethnic setting, interaction of different-aged children, and a continuity of instruction which makes the transition from preschool to primary school levels easier. Crucial to the success of the program are both (1) parent involvement in planning, policy, decisionmaking, and participation in the daily program functioning; and (2) small administrative units able to support the complex blending of teams, programs, and funds.

There are presently two Early Learning Centers, both funded by a "packaging" of traditional funding sources. One unit is on a primary school campus and has a combined Children's Center/Parent Nursery, two extended day care bungalows, and an Early Learning Center classroom. In 1972–73, another bungalow was added, combining a full kindergarten class and 4-year-old preschoolers with first grade children in extended day care before and after their classes in the primary school building.

A second Early Learning Center model, developed by ECE teachers, parents, and administrators, is currently using a rented facility, but will move to its permanent location once construction is completed. The new school is designed to be used for instructional day care approximately 11 hours daily and for a community center available evenings and weekends the year round. The Early Learning Center model is an attempt to respond more fully to the total needs of not only the child and his family, but of the community as well.

The Pasadena Community Family Day Care Project

Though there are more than four times as many children in family day care as in day care centers, most communities lack an organized network of family homes. Day care operators are often not acquainted with each other or with available community services, and they generally need resources and training.

An exemplary approach to these problems has been taken in Pasadena, Calif. where the community family day care project (CFDC), administered by Pacific Oaks College under a grant from OCD, has organized a visible network of 26 operators of family day care homes. The project provides CFDC caregivers with resources and services needed to improve day care quality. In return, they act as project consultants, permitting students to work in their homes and providing information for a project study of family day care. The project pays each caregiver a consultant fee of $10 per month.

The CFDC project staff—a director, two half-time assistant directors, a research analyst, and a secretary—works from a store-front center in an interracial, working-class neighborhood. Their main functions are to identify and recruit family day care operators, provide them with student assistants and a central meeting place, refer parents seeking child care, and help them develop contacts with community resources.

Recruitment

At first, the staff's most difficult task was to locate family day care operators. Using a "gatekeeper" approach, the staff contacted agencies and individuals who were trusted in the community and who knew people offering family care. "Gatekeepers" included the Department of Public Social Services, restaurant owners, a local mothers' club, a neighborhood clinic, and families with young children living near the project center. After describing the project's program and purpose to them, the staff asked for assistance in meeting day care operators. The staff also placed information cards on neighborhood bulletin boards, put a sign in the window of the center, responded to babysitting advertisements on bulletin boards, and canvassed extensively door-to-door.

In the Spanish-speaking neighborhoods, the recruiting staff faced language problems as well as distrust of the "white establishment." It was important that a staff member was Mexican-American and spoke Spanish. Because the services the project offered were badly needed, confidence gradually developed and the staff was able to recruit three day care operators. The staff also arranged for Pacific Oaks College to sponsor a small bilingual school in a neighborhood backyard. Here children were prepared for kindergarten, while parents had opportunities to learn about child development and to socialize with each other. Staff and student volunteers also helped barrio families in household emergencies, translated letters, provided transportation to health and recreation facilities, and recruited a volunteer translator-interpreter for a local clinic.

Of the 70 day care operators contacted, 26 eventually joined the project. They vary in age, socioeconomic status, and ethnic background. Fees average $15 to $20 a week per child, usually with a sliding scale for siblings, and many of the caregivers base their charges on what parents can

afford.

Caregivers work an average 10 hours per day, caring for about five children each. They perform a variety of services—according to both their abilities and the needs of parents—many of which are not offered by center-based day care. For example, parents can make special arrangements for early arrival and late departure of their children; the children receive individual attention in an environment closely resembling their own homes; most caregivers will attend children who are ill; and many take children shopping and to the doctor, wash and iron their clothes, and care for them on weekends.

Project Goals and Program

From the start, the staff realized that the goals of good child care can be reached through a variety of individual approaches. The project has been characterized by an acceptance of varying life styles and by confidence in the caregivers' capacity to serve a child's best interests. Rather than create a rigid structure within which family day care homes must function, the project emphasizes the *process* of helping caregivers develop competence. The aim has been to make resources available to day care operators and to pose questions and offer guidelines, while allowing them to function independently.

In the project's early stages, meetings were frequently held at the center to establish contacts among the day care operators and to develop colleague-to-colleague relationships between caregivers and staff. Later, community resource people were invited to discuss issues of mutual concern, such as nutrition, discipline, licensing, and sex education. More recently, the format has been revised to deal with special problems. For example, at one meeting a case study approach was used to examine specific problems in working with exceptional children. In addition to furnishing specialized information, these meetings provide an opportunity for day care operators to share ideas and discuss common problems. The caregivers gain a sense of professionalism and a realization that they are not "just babysitters."

One of the project's major goals is to dispel the widespread notion that family day care is merely custodial and that only centers and schools can provide a stimulating and individualized environment. An important step toward this goal was taken recently when project operators, with the staff's aid, created a self-help organization called WATCH (Women Attentive to Children's Happiness). WATCH seeks to make the Pasadena family day care network visible. It enlists public support and acts as an unofficial accreditor of local family day care programs. At monthly evening meetings, such subjects as parent relations, new licensing laws, referrals, and methods of self-help are discussed. The most important accomplishments of the organization to date have been the developing of a position paper on quality family day care and the launching of a discount buying program.

WATCH has also arranged for courses to be offered at Pacific Oaks College and Pasadena City College so that day care operators can attend extension classes on such subjects as child development, working with parents, self-awareness, and the home as a learning environment. They can receive credit for these courses toward a high school diploma or toward a degree from either school. After completing a series of nine courses, a caregiver is awarded a Certificate in Family Day Care.

Services

The CFDC project provides a variety of in-home and center-based services for consultant family day care operators.

Student Assistants. Nine students from Pacific Oaks College are employed and supervised by the project to assist each of three or four caregivers for two mornings a month during the academic year. The students keep a log of each home visit and attend a weekly seminar with the project staff to discuss their activities, for which they receive practicum and course credit.

Another Pacific Oaks student works as a "fix-it man" in consultants' homes, and his repairs and new construction work have made some homes eligible for licensing. He also builds sandboxes, easels, small chairs, and other equipment which provide a creative play environment. While working on such projects, he serves as a model for adult-child interaction in the home and offers varied learning experiences for the children.

Community Resources. To provide caregivers with easy access to pertinent community resources, the project staff has compiled and distributed a resource book listing names, addresses, and phone numbers of services for children and families in the Pasadena area.

The caregivers are also able to borrow books from the Pacific Oaks College library, and they have an open invitation to visit the children's

school at the college to observe the facilities and the interaction between teachers and children.

Referrals. The project center operates a referral service for parents seeking child care. Parents are asked about their particular requirements and criteria and are then referred to three or four caregivers whose services conform most closely.

Consultants have prepared a pamphlet, *A Check List of Ingredients for 'Good' Child Care,* which contains information to aid parents in determining the kind of child care arrangements they want and also lists the services offered by project caregivers. This pamphlet is sent to parents who use the referral service.

Nursery Schools. To lighten the caregivers' burden and to provide particularly active children with a mixed model of center and family care, the project has purchased six 3-day-a-week slots in the mothers' club cooperative nursery school and adult education center. Parental requests for this opportunity have exceeded openings, in spite of the club's requirement that a parent work at the school 2 days a month for every child enrolled.

Trips. Several times a year, the project provides transportation for all 26 CFDC homes to the zoo or a large park. Such outings give the children an opportunity to informally socialize in a large group outside the regular day care environment.

Loan Fund. To help caregivers who face a temporary financial crisis or who wish to remodel their homes to meet safety or licensing requirements, the CFDC project maintains a no-interest loan fund. Loans have been used to cover such expenses as venting a heater, making a car safe for transporting children, and program-related needs such as food or supplies. The money has been returned promptly and in accordance with a plan designed by the caregiver.

Toy Loan. Project funds have also been used to purchase toys, equipment, and other needed items which caregivers are reluctant to purchase because they are expensive or useful for only a short time. Caregivers may borrow items for a month at a time from an inventory which they have helped to select.

Bulletins. To promote communication among caregivers and between day care homes and the community, the project publishes a monthly bulletin, focusing on local issues and needs and containing articles on the activities of the consultants.

Parent Involvement

In addition to upgrading the quality of day care in the Pasadena area, the project has also had a significant impact on the parents of children enrolled. Young parents especially have benefited from the caregivers' experience and often seek them out for advice and friendship. When both parents and caregivers cooperate, family day care programs can be duplicated in parents' homes; a developmental program can serve as a child-rearing model for parents. Because close involvement between parents and caregivers is possible in the CFDC project, the special needs of parents and children can be met in Pasadena's family day care homes.

The Houston Neighborhood Centers–Day Care Association

The Neighborhood Centers–Day Care Association (NC–DCA) of Houston, Tex. serves more than 1,000 children in a countywide network of nine centers and 180 family homes. Unlike the other networks described in this chapter, NC–DCA is a private, United Fund agency. The association licenses homes, trains operators, and through its staff specialists directs families and children to social services in both the community and NC–DCA community centers.

This large network is supervised by the director of the day care component. Area day care managers, responsible to the director, oversee the center directors, counselors, and the training staff working with day home operators. Program specialists also work through the area managers to continually upgrade the quality of center and home programs.

About 77 percent of the children cared for are black, 17 percent white, and 6 percent Chicano; the distribution of network staff is almost identical. The children are primarily from welfare families or low-income families in which both parents work. Parent fees are scaled to ability to pay and the number of hours a week children attend. Fees are the same for day home and center care—$15 per week for full-day, $12 for part-time care.

Fourteen percent of the day care spaces are made available to working families who are able to pay the full amount or to families whose payment can be supplemented by the United Fund allotment. The remaining spaces are reserved for families who meet Federal eligibility requirements for social services or day care services under the AFDC and WIN programs. In

these cases, the parent pays a per-child fee based on family income, the number of children living at home, and the number of children in care, and the agency pays the balance.

The annual cost for center care is $1,779.18 per child; for day home care, $1,521.25 per child. Day care funds for the 1,172 children served are budgeted as follows:

Parent fees	$96,356
United Fund to Department of Public Welfare	316,463
United Fund to local	97,164
Model city program	142,223
Texas Department of Public Welfare	1,093,384
Milk reimbursement (DOA)	3,000
Total	1,748,590

Day Care Homes

The network's day homes care for about 700 children, ranging from infants to 12-year-olds. For these children, home care is important because of location, parents' working hours, or the child's special needs. The operators of these day homes are generally mature women or young mothers who care for other children along with their own. All are supervised by agency counselors.

Operators are paid directly each week, though the fee is not clear profit. The caregiver must use it to provide meals—except for baby foods and formulas which parents supply—and incidentals. Through the association, caregivers receive occasional donations of canned goods and art supplies, and loans of cribs, playpens, tricycles, and educational toys.

Program. Day home activities are designed within a flexible framework to meet the specific physical, social, emotional, and intellectual needs of the children in each home. Emphasis is placed on language and concept development, stimulation of creativity and promotion of a positive self-image. Conversation, art activities, walking field trips, music and rhythm, cooking, and gardening are all important ways of meeting these objectives. Some toys, books, wheel toys, and educational games are supplied through the association's loan closet to supplement the often ingenious equipment made by the operators themselves.

Care is usually provided from 6:30 a.m. to 6 p.m. but may be varied to suit parents' schedules. A hot lunch and morning and afternoon snacks are served daily. As in the centers, agency transportation is provided between day care and school for older children, for field trips, and when necessary between day care and the child's home.

Licensing. The NC–DCA licenses day care homes as an official agent of the Department of Public Welfare. A prospective operator must be healthy, between the ages of 21 and 70, and have a pleasant and stable personality suitable to caring for children. If an applicant's house has adequate space and is in reasonable repair, the licensing procedure usually takes about 6 weeks.

The association's licensing staff arranges for physical examinations of all household members. Building and maintenance staff inspect the home and list alterations needed to meet State and local safety codes. Renovation costs average from $20 to $65, and some funds are budgeted for this. When renovation is completed, the city inspector is called in. If the house meets construction safety requirements and the household meets the association's medical and personal requirements, it is licensed for 1 year and is reviewed annually for relicensing.

A licensed operator contracts with the NC–DCA to accept only children placed by the association, to notify them of any change which might affect licensing, and to abide by program policies. In accordance with State requirements, each caregiver agrees to care for no more than six children under 14 years of age, including her own, and for no more than five children if one is younger than 3. No operator may care for more than two children under age 2. These requirements are based on the amount of time and attention each age group requires.

Training. Although most operators have had child care experience either with their own children, or as housekeepers, babysitters, or Sunday school teachers, few have had formal training in child development and day home operation. Before the association places children in a home, NC–DCA specialists train the new operator 3 hours a day for 1 week in agency policy, nutrition, safety, and child development. Then, during the first 2 weeks of care, the caregiver receives intensive, in-home training in all aspects of day home operation. Ongoing inservice training follows, both in the operator's home and at association day care and community centers. There, groups of operators meet with association specialists in child development, social services, psychology, nutrition, nursing, and parent involvement. Operators also visit the day care center in their community to observe skilled teachers. Occasionally, special workshops and seminars are conducted on new techniques of program planning and working with children.

Regular newsletters offer information on child development, problemsolving, and possible activities for children.

Association counselors regularly visit operators' homes, providing guidance, evaluation, and help with special problems. Operators and parents are encouraged to discuss problems with counselors rather than to confront each other and, when necessary, are referred to community agencies for additional help.

Day Care Centers

Approximately 500 children between the ages of 3 and 12 receive preschool or after-school care in the association's nine centers. These vary in size from 30 to 110 children and are open from 6:30 a.m. to 6 p.m., five days a week, 52 weeks a year. The staff of each center includes a director or director/teacher, teachers, teacher aides, a cook, and housekeeper. Teacher-pupil ratios and groupings follow Federal and State guidelines.

Each center purchases food and other supplies through the NC–DCA central supply center and uses the services of its building and grounds maintenance crew for repairs and new equipment. The association nurse, psychologist, nutritionist, and specialists in child development, parent involvement, and social service are available to each center.

Psychological Screening and Referral. Infants and young children accepted into the program are now screened for physical, emotional, intellectual, and language difficulties. This screening is followed by referrals for treatment to prevent or minimize more costly damage. Although this program is only now getting under way, over 400 center children have passed through the two initial steps and work has begun on about the same number of children in day homes.

Program. Preschool programs in the nine centers are designed to provide each child with a variety of experiences to promote all aspects of development. Balance is sought between large- and small-group interaction and individual work-play experiences, with enough routine to provide security yet enough new material to stimulate. The program is flexible and focuses on a weekly theme such as "spring" or "cowboys," and learning experiences including weekly field trips are usually related to that theme.

On a typical day children begin to arrive at 6:30 a.m. and are checked for signs of illness. A sick child is isolated until the parent can arrive. Breakfast, lunch, and three snacks are served during the day. Mealtime is seen as an occasion for meeting nutritional needs, teaching good eating habits, developing language abilities, and providing valuable sensory experiences.

School-age children leave at 8:30 a.m., as the younger children begin planned work-play experiences. Quiet and more vigorous activities are alternated. Indoor areas include interest centers for art, music, blocks, science, woodworking, role playing, manipulative toys, and books; and during work-play periods, children may select the areas where they wish to work. The morning program also includes outdoor play; the well-equipped play yards contain climbing and balancing equipment, sandboxes and digging areas, swings, wheel toys, and open areas for games. A nap period follows lunch, and the activities of the remainder of the day are similar to but even more relaxed and informal than those of the morning. Children begin to depart around 4 p.m. with the last ones leaving by 6 p.m.

Inservice Training. Directors at each center hold weekly staff meetings as part of an inservice training program that includes regular visits by association specialists in child development and other relevant fields. Special workshops, seminars, and meetings of the Houston Association for the Education of Young Children offer further opportunities for professional growth.

Parent Involvement. The NC–DCA employs "parent involvement specialists" to work with the parents of children enrolled in association centers and day homes. These specialists familiarize parents with day care programs and other community services and encourage them to participate in organized parent activities and to discuss special needs and problems with counselors, center staff, or community social work agencies. They also help parents coordinate their own child-rearing practices with their child's day care program and find adult education classes suited to their needs.

Each center sends parents a newsletter describing weekly activities, special parent contributions, recently enrolled children, new center practices, and notification of parent meetings. Meetings for parents of children in NC–DCA centers or day homes are held monthly at each of the nine centers and include discussions and lectures on community services, child development, and issues related to day care. To maximize attendance, the association provides babysitting and some transportation services.

At each center, a parents' advisory committee is a means for parents to express their concerns to association administrators. The committee plans parent education programs, communicates association policies, and elects two representatives to the countywide Parents' Advisory Council. This body reviews the NC–DCA budget and programs and elects representatives to other child care planning and advisory groups.

Santa Monica Children's Centers

Under the California State Children's Centers program, the Santa Monica Unified School District operates a system of four centers which provide day care for children whose parents are either employed or training for employment. This network includes two nursery schools and two school-age centers and serves about 300 children a year, most from one-parent families. (Since this handbook deals with preschool programs only, details of the school-age centers are not included.) The two nursery schools together accommodate a maximum of 80 children, ranging from 2 years and 9 months to 5 years in age. The program is characterized by a progressive educational approach, fine facilities, and significant parent and community involvement.

All four centers are funded by State and Federal moneys, scaled parents' fees, and a school district tax. Administrative procedures related to curriculum, finance, personnel, legal requirements, attendance, accounting, and health are all coordinated through the school district.

Program

Since both nursery programs are similar, only that of the John Adams Child Development Center is described here. Enrollment is limited to 37 children to allow more personalized attention, and the children's major daily activities take place in four cluster groups, each of which has its own group teacher and indoor and outdoor areas. The center has five professional teaching staff members, as well as student assistants, teaching interns, parent and student volunteers, a cook, and a housekeeper; a nurse and a family counselor divide their time among the four centers. Parents provide transportation, and the children receive lunch and two snacks daily at the center. Like the other Santa Monica centers, John Adams is open from 7 a.m. to 6 p.m., 5 days a week, 52 weeks a year.

With a flexible curriculum, both teachers and children have considerable autonomy. Some activities are planned daily, though more than half the children's time is spent in self-chosen play. Teachers provide a wide variety of creative equipment and materials to stimulate both learning activities and interaction with adults and other children. This type of learning, in which independence and self-motivation are stressed, is felt to more likely have deep and lasting value than formal instruction. The teachers focus on encouraging and supporting the children's growth. As they observe the children's interests and activities, the teachers can offer highly individualized responses to help clarify, explain, and expand opportunities and directions.

Social development is an important concern of the program. The children learn to interact, yet to still pursue their own purposes and wishes. Teachers plan activities, such as dramatic play, to encourage cooperative ventures which can lead to significant peer relationships. Independence of ideas and actions is encouraged within the framework of responsible behavior.

Facilities

The school district has provided both preschool centers with complete well-designed facilities on junior high school campuses. The John Adams center consists of three classrooms, an adjoining children's bathroom, a covered patio immediately outside, and a schoolyard sectioned into three large play areas. It is stocked with a large selection of toys, equipment, and animals.

Space has been carefully arranged to provide free movement and varied environments. Rugs, partitions, storage shelves, and shrubs mark clear boundaries between areas, and pathways allow movement without interruption of other activities. Each child has a partitioned napping area, and there are nooks where one can be alone or with a friend at other times. Rockers, couches, soft rugs, and sandboxes provide varied and comfortable recreation sites. Each group play yard has extensive equipment storage areas; special areas for large motor activities, gardening, creative and construction activities, and settings for dramatic play; and areas for exploring natural materials such as sand, mud, and water.

Community Involvement

There is a close relationship among all levels of the Santa Monica school system, from the preschool to the junior college levels. Each year, Santa Monica's two preschool programs give about 600 students—most from the junior high

schools where the centers are located—an opportunity to learn about early childhood development by working with or observing the center's children.

Junior high school students use the nursery schools in various ways. Selected ninth-graders with academic or personal problems are often assigned as assistants to a group teacher. The responsibilities of caring for young children often help to modify a student's problem behavior. The students respond to the adult role they must assume as they are depended on, looked up to, and called "teacher" by the children. Seventh-graders in remedial reading classes get purposeful experience reading stories to small groups of preschoolers. Their reading becomes valuable, a source of esteem rather than failure, as the children uncritically listen.

In eighth- and ninth-grade homemaking classes, part of the curriculum involves the classroom and laboratory study of children. The nursery schools offer ample opportunity for directed experience in working with preschoolers and observing their behavior and development. In related classwork, these experiences are extended by discussion and reading, compiling profiles of individual children from observations, writing and illustrating original stories appropriate for preschoolers, and making simple developmental play materials.

Local college students also observe or serve as interns in the program to fulfill course requirements for child development, pediatric nursing, social work, or teacher education. The added staff responsibilities of planning for and guiding student learning are more than compensated by the benefits of extra laps and helping hands and the increased individual attention the student participants provide.

Parent Involvement

The Santa Monica Children's Centers employ a part-time family counselor, a qualified social worker who meets with parents before or soon after a child is enrolled to determine any special needs or problems. The counselor attends parent functions and is available at each center for 2 hours a week to handle individual problems, provide counseling, and make referrals to community agencies as needed.

General interests and concerns of parents are handled by parent organizations. Parents from each of the four centers elect delegates to serve on the Parent Advisory Committee along with the head teacher of each center and the program's director. The open monthly meetings of this committee allow parents to express concerns and suggestions directly to those responsible for policy and curriculum. At each center, parents also elect a parent board of four officers who plan monthly meetings, coffee hours, and special events.

Parents have a standing invitation to visit and become involved in many facets of the preschool program, and some are frequent participants.

Evaluation

The John Adams Child Development Center is one of about 150 California day care programs which have been evaluated over the years by the research staff of the Pacific Oaks College Children's School. The results of the John Adams evaluation are included here for two reasons. First, it cites factors which contribute to superior day care. And second, by describing evaluation methods and criteria, it provides a model for evaluating other centers, in which trained observers study what is most important about a day care program in a straightforward way. (Ch. 14, "Evaluation," provides further information and references.)

In evaluating the Santa Monica center, the research staff studied the behavior of both teachers and selected children as well as those aspects of the physical and personal environment—such as spatial characteristics, size, and leadership patterns—which helped to determine that behavior. This method of evaluation is described in *The Day Care Environmental Inventory* by Prescott, Kritchevsky, and Jones. (See "References" at the end of this chapter.)

Observed Behaviors. After several informal visits, the researchers spent 3 days at the center observing six children—two who were thriving, two who were about average, and two who were not doing as well as expected. During a 2-hour morning play period and for another hour after nap time, the researchers (1) described the child's moment-to-moment behavior with a 15-second interval coding; (2) identified activity segments—which are labeled groups of related behaviors such as riding a tricycle, eating lunch, or listening to a story—and described some of their characteristics, including how the child happened to start and stop the activity, how long it lasted, whom it involved, and what happened during its course; and (3) described the extent

and type of teacher intervention in the child's activity.

These observations were then compared with those made in 13 other centers selected for their excellent community reputations. The behavior of both children and teachers at the Santa Monica center differed significantly from that observed in the other day care centers.

In their moment-to-moment behavior, children here were less apt to have accidents, to imitate others' behavior, or to engage in behaviors such as not attending, thumbsucking, or vacant staring. Rather, they did more of the following: sensory exploring, receiving help, selecting and choosing, giving orders, recognizing cognitive constraints, problemsolving, testing and experimenting, and giving structure to their own actions.

Certain features of activity segments were also distinctive. Only 9 percent of the children's time, compared to 20 to 30 percent in other centers, was spent in official transitions such as standing in line or waiting for lunch. More than half their activities were self-selected, about one-third were initiated or facilitated by the teacher, but only 6 percent were selected because of teacher pressure. Similarly, over two-thirds of the activity segments were stopped by spontaneous choice or because the activity had reached a natural conclusion; less than 10 percent ended because of teacher interference or pressure. This differed radically from many of the other centers where participation in over two-thirds of the activities was required, where teachers rarely gave the children suggestions or help, and where 50 to 70 percent of the activities ended because of teacher pressure.

In observing activity segments, the evaluators noted that the type and variety of social settings available at the Santa Monica center also differed from those commonly found in group day care. In some centers, much of the child's day was spent as a member of a large, supervised group, with little or no time alone or in a one-to-one relationship with an adult or a best friend. At Santa Monica, however, time with the entire group was equaled both by time alone with an adult and by time in individual activity. Each child spent twice as much time with a best friend as with the entire group.

Although Santa Monica recorded the highest incidence of awareness of cognitive constraints in the sample, the formal teaching of cognitive skills and the presentation of standard cognitive activities there occupied only 1 percent of the observations. The children spent about 30 percent of their day in activity segments such as creative exploring, unusual cognitive, and conversation: for example, helping the teacher set up plastic divider sections; pouring water from one container to another; using the tape recorder and cameras; talking to the teacher about pussy willows; throwing bean bags at a target; interpretative dancing; dramatic play; mixing paints. Such activities allow children to learn freely about the behavior of all sorts of objects in space and to experiment with ways of acting on them; to label, set up, and order their environment; and to test their understanding of time, quantity, and order. The dramatic play at Santa Monica struck the evaluators as particularly rich: children were reproducing experiences from many different settings with infinite variations.

In the third type of observation, a description of the teacher's role, over 15 percent of teacher behavior at Santa Monica was related to social development. But rather than the usual imposing of rules for social living on the children, the teachers made a point of helping them get along with each other without submerging their own purposes and wishes. Another 15 percent of teacher behavior involved dealing with emotions or providing circumstances by which the children could experience pleasure, awe, or wonder. In many centers, virtually no teacher behavior was recorded in these areas.

The total adult input in Santa Monica was about average for the sample, but it was considerably lower than that of some centers. Santa Monica teachers did not waste words. They made highly individualized, yet often brief, responses which indicated that they had been carefully observing the child's behavior. When they interrupted an activity, it was to clarify, explain, or offer new directions. They regularly spoke in private with each child or asked for help with chores which permitted time alone together.

One technique the evaluators observed involved soliciting help from other children to solve a child's problem. A child who had particular trouble adjusting to group life one day fell into a crying spell. The teacher explained to the other children, who were watching helplessly, her perception of what was happening: Martha seemed to be worried that someone would take down her block structure. She suggested that they all work together on a sign telling people to leave it alone, so that Martha wouldn't have to

worry. Thus, the teacher clearly communicated her concern to Martha without ever speaking to her, and she helped the other children understand and offer assistance.

The Center's Environment. The experiences of children in the Santa Monica program were quite different from those observed in the 13 other centers. The evaluators believe this was due not to luck, but rather to three specific factors: characteristics of the physical environment, the size of the center, and the leadership patterns. All three factors are considered predictive of the type of behavior observed, and in Santa Monica all three were found to be superior to these same factors in most other centers.

The physical environment. Good space in a day care program depends on the variety and organization of the environment and on the amount to do. Of the many programs evaluated, Santa Monica rated highest on all these criteria and presented the best example of a center which supports choice for children.

A center with good space ordinarily has five to six different kinds of activities in a play area. At Santa Monica, variety was much higher, with both indoor and outdoor spaces providing from 10 to 16 different kinds of things to do. Instead of tricycles only, there were also four-wheel wagons, two-wheel trike trailers, and cars. Instead of only one cage of rats, there were guinea pigs, mice, fish, turtles, rabbits, and goats. Variety was also provided by equipment not found in many centers. For example, some equipment presented real risks—high platforms, climbing boards, and ropes for swinging. Yet children showed great skill and dexterity on these pieces and demonstrated that such equipment, when used freely and without crowding, is seldom a source of accidents.

Variety is not limited to equipment alone; it also includes the degree to which the environment is responsive to children. This factor has been labeled "softness," and a softness rating has been developed based on the presence of the following features:

- child/adult cozy furniture (rockers, couches, lawn swings, etc.)
- large rugs, full indoor carpeting, grass and sand
- dirt to dig in
- animals which can be held
- single-sling swings
- Play-doh, water, and very messy materials (finger paint, clay, mud)
- "laps" or physical responsiveness from adults.

While some schools offer few or none of these features, Santa Monica provided all these opportunities for children to experience their environment as soft and responsive to them.

"The amount to do" per child is a second important indicator of spatial quality. It depends on the amount of equipment available in relation to the number of children who will be using it. When the number of potential things to do is limited, a problem arises each time a child stops an activity, since he will have difficulty finding something else to turn to. Centers with at least two things to do per child rate high in this area. At Santa Monica, both indoors and outdoors, there were 5 to 10 possible activities per child in any one area. Variety and amount to do thus work together to provide each child with more numerous and satisfying experiences.

The third factor determining the quality of center space is the organization of the physical environment. At Santa Monica, several features make the spatial arrangement particularly striking.

- The boundaries between activity areas are clear; pathways provide uninterrupted movement between areas; and space within each area is carefully arranged to hold a child's interest.
- The sides of the rooms are lined with open shelves on which toys, equipment, and materials are categorized and arranged within easy reach of the children. These storage patterns are understood and upheld by children and are at least partly responsible for the center's high level of variety and amount to do.
- For outside storage, each teacher has a large personal storage shed, and each of these contains a striking diversity of equipment.
- Each child has a private napping area enclosed by either screens or other natural barriers, and there are nooks where children can go to be alone. Children are not required to be constantly within sight of the teacher.
- There are well-defined yard areas, bounded by partitions or fences, and children are free to use any of these. The teachers move from yard to yard during the day so that a child who wants to stay close to a particular adult will find himself in a variety of play spaces.

Center enrollment. Enrollment size is another critical factor in determining the high quality of the Santa Monica program. The director has

deliberately limited enrollment to 39 children and firmly believes a larger center could not work as well. The evaluators agree.

In a previous study, the evaluators observed a random sample of 50 day care centers and found that the size of a program was a general indicator of its quality. Large centers—those with over 60 children—placed significantly more emphasis on rules and routine guidance, and their staffs were usually rated as neutral or distant. In smaller centers, opportunities for pleasure, wonder, and delight were significantly higher; child-teacher interaction was greater; and children seemed more interested and involved in their surroundings. Such findings have been corroborated by studies of other kinds of settings, such as schools and factory groups.

Leadership patterns. The type of leadership available to a day care staff affects the quality of the children's experiences in the program. Staff members at Santa Monica are given the motivation and decisionmaking power to develop a program in which children can experience autonomy and initiative. The staff members have real decisions to make. They are not tied to someone's curriculum plan or to constricting rules and regulations. More than any other center observed, Santa Monica worked like a well-functioning large family, in which a great many things were happening and in which everyone assumed real responsibility.

The feeling of trust in this center is remarkable. Adults trust children to help keep things working properly, to make lunches and answer the phone, to take sensible risks without hurting themselves, and to be alone and out of sight without getting into trouble. In turn, the children respond with extremely intelligent and responsible problemsolving behavior.

References

These descriptions of exemplary day care systems are largely based on unpublished materials—annual reports, program descriptions, informal evaluations, grant applications, and other materials prepared especially for this book. Some materials are available from the systems described.

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